

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000074878 (6)**

1. Corporation Name  
**A-DOOLEY LOCKSMITH, INC.**



Principal Place of Business <b>4340 N. OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308</b>	Mailing Address <b>4340 N. OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308-5033</b>
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3. Date Incorporated or Qualified <b>09/28/1995</b>	3a. Date of Last Report <b>02/12/1996</b>
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2. Principal Place of Business 21 <b>1568 NE 35th St</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1568 NE 35th St</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0610090</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>Oakland PK FL</b> City & State	28 <b>Oakland PK FL</b> City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33334</b> Zip	25 <b>Broward</b> Country	29 <b>33334</b> Zip	30 <b>Broward</b> Country

9. Name and Address of Current Registered Agent <b>DUFFY, TOM 4340 N. OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308</b>	10. Name and Address of New Registered Agent 81 Name <b>TOM DUFFY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1568 NE 35th St</b> 83 84 City <b>Oakland PK</b> FL 85 Zip <b>33334</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Thomas Duffy* *Thomas Duffy* DATE **1-10-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PST</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUFFY, TOM</b>		1.2 NAME <b>TOM DUFFY</b>	
STREET ADDRESS <b>4340 N. OCEAN DRIVE</b>		1.3 STREET ADDRESS <b>1568 NE 35th St</b>	
CITY-ST-ZIP <b>LAUDERDALE BY THE SEA FL 33308</b>		1.4 CITY-ST-ZIP <b>Oakland PK FL 33334</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUFFY, TOM</b>		2.2 NAME <b>TOM DUFFY</b>	
STREET ADDRESS <b>4340 N. OCEAN DRIVE</b>		2.3 STREET ADDRESS <b>1568 NE 35th St</b>	
CITY-ST-ZIP <b>LAUDERDALE BY THE SEA FL 33308</b>		2.4 CITY-ST-ZIP <b>Oakland PK FL 33334</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Duffy* *Thomas Duffy* DATE **1-10-96** 954-351-4440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)