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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000022288

LANE O	VERHEAD DOOR, INC.									
	- A Duning	Moiting Address					 			
Principal Place of Business Mailing Address 1513 SW 44TH STREET 1513 SW 44TH STREET CAPE CORALL FL 33914 CAPE CORALL FL 33914							DO NOT WR	RITE IN THIS	SPACE	
							ate incorporated or Qualifed 3/08/1996			
2. Principal Pl	lace of Business	2a. Mailing Address					El Number 5-0650201		 	optied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 . C	ertifcate of Status Desired		\$8.75 / Fee Re	,
City & State	e .	City & State					lection Campaign Financing	' _□	\$5.00 Added	, ,
Zip 24	Country 25	Zip 29 3	Country			8. TI	his corporation owes the cu ersonal Property Tax.	rrent year In	tangible	No
24]	9. Name and Address of Current		•		1		ame and Address of New	Registered	Agent	
LANI	E, BRIAN C		81	Name				Anhin		
	S SW 44TH STREET		82	Street	Address	; (P.O	Box Number is Not Accep	itable)		
CAP	E CORALL FL 33914		83							
			84	City				FL	85 Zip	Code
										
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florid	, the above horized by la Statutes	e-named the corpo	corporat oration's	tion s boar	ubmits this statement for the directors. I hereby accept	ept trie appoi	inument as re	registered gistered
11. Pursuant office or re agent. I a SIGNATURE	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was autr tions of Bection 607.0505, Florid — BRIAN	norized by la Statutes	the corpo	oration's	€N.	ubmits this statement for the	e purpose of ept the appoi	inument as re	registered gistered
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6.4 CITY-ST-ZIP CITY-ST-ZIP ried with this filing toes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information emental annual reports true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. 14. I hereby certify that the information supplied with this filing indicated on this annual report or sup-officer or director of the corporation of Block 12 or Block 13 if changed, or pre-

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

☐ DELETE

Change

☐ Addition