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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90130 035 ***150.00

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1. Corporation Name
ACTION AUTOMATIC DOOR COMPANY

Principal Place of Business	Mailing Address
12660 METRO PARKWAY FORT MYERS FL 33912	12660 METRO PARKWAY FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/23/1996

4. FEI Number: 65-0695922 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

COSTELLO, TRUMAN J
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
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	P	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	EBEL, GEORGE F IV		1.2 NAME	WALEGA, ANDREW	
STREET ADDRESS	12988 COCO PLUM LANE		1.3 STREET ADDRESS	193 BATH CLUB BLVD	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	REDINGTON BCH, FL	
TITLE	SVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOLLIN, ROBERT		2.2 NAME		
STREET ADDRESS	4842 OLDE MEADOW LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SYLVANIA OH		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, GREGORY		3.2 NAME		
STREET ADDRESS	17464 LEBANON ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TROWE, BRADLEY		4. 2 NAME		
STREET ADDRESS	1735 BRANTLEY ROAD, #1915		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, DENIS		5.2 NAME		
STREET ADDRESS	13403 IRONTON DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: _____ 4/14/99 941-768-3667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #