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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000037600 (8)

HOLMES ARCHITECTURAL DOOR & HARDWARE, INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- I HOULINGEL LIND COLEG HOURE COLLIN COLLIN COLUN LILLIL LUDGEO CHILLE COLLIN COLLIN COLUN		
6550 ROOSEVELT BLVD. 6550 ROOSEVELT BLVD.					·		
	JACKSONVILLE FL 32244 JACKSONVILLE FL 32244						
						DO NOT WRITE IN THIS SPACE	
: L						3. Date Incorporated or Qualified 04/22/1997	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21		26				59-3438339 Not Applicable	
Suite, Apt	:. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22 City & Cta		City & State				Fee Required	
City & Sta	ite	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	l Co	untry	,	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Ç. 11. y		Personal Property Tax due June 30. Yes No	
4 7]	9. Name and Address of Currer		30	1		10. Name and Address of New Registered Agent	
SAPP, RON					Name		
					(DO D. Al		
	550 ROOSEVELT BLVD. ACKSONVILLE FL 32244			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
•	NOTION THE PERSON			83			
					ļ. <u>.</u>		
				84	City	FL 85 Žip Code	
agent. I a						coration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
12.		ID DIRECTORS	13.		int signatore requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	I D	DELETE		TITLE		☐ Change ☐ Addition	
NAME	HOLMES, LOCKWOOD		1.21	NAME			
STREET ADDRESS	ATTA BOOKET POLICE		1.3 5	STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32244			CITY-S	i		
TITLE	D	☐ DELETE		TITLE		Change Addition	
NAME	SAPP, RON		2.21	NAME			
STREET ADDRESS	6550 ROOSEVELT BLVD.		2.3 5	STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32244		2.4	CITY-S	ST-ZIP		
TITLE	☐ DELETE		3.11	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.21	NAME			
STREET ADDRESS			3.3 9	STREET	ADORESS		
CITY-ST-ZIP				CITY-S	ST-ZIP		
TITLE		☐ DELETE	4.11	TITLE		☐ Change ☐ Addition	
NAME			4.2	NAME	1		
STREET ADDRESS]		4.3 5	STREET	ADORESS		
CITY-ST-ZIP				CITY-S	T-ZIP		
TITLE	DELETE		1	5.1 TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		[7] Ac. co.		CITY-S	T-ZIP	The same	
TITLE		☐ DELETE		TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS			- 1		ADDRESS		
CITY-ST-ZIP	1		6.40	CITY - S	T-ZIP		

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 empawered 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 applicates.

J-19-98