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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P97000088860 (6) DOCUMENT # DOOR DOCTOR, INC. Principal Place of Business Mailing Address 3008 SE 22ND PLACE 3008 SE 22ND PLACE **CAPE CORAL FL 33904** CAPE CORAL FL 33904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-08/2557 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \mathbf{X} 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country a. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARKER. ALEXIS A J. BARON BAPTISTE 2021 HENDRY STREET Street Address (P.O. Box Number is Not Acceptable) 1293 CLEBURNE DRIVE 82 FT. MYERS FL 33901 83 84 City FORT MYERS 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. J. BARON BAPTISTE, Director/Secretary (NOTE Registered Agent signals) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE D/C/P Change TAYLOR, MICHAEL 1.2 NAME NAME TAYLOR, MICHAEL J. 3008 SE 22ND PLACE 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 1.4 CITY-ST-ZIP D/S DELETE Change X Addition TITLE 2.1 TITLE 2.2 NAME BAPTISTE, J. BARON NAME 1293 CLEBURNE DRIVE STREET ADDRESS 2.3 STREET ADDRESS FORT MYERS, FLORIDA CITY-ST-ZIP 2 4 CITY-ST-ZIP 33<u>91</u>9 DELETE Addition 3.1 TITLE TATLE 3.2 NAME MALIF 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY - ST - 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 arrival 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 is proved, up an appear of the corporation of 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 is proved, up an appear of the corporation of 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 is proved.

SIGNATURE: MICHAEL J. TAYLOR, Director/President

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

DELETE

Change

Addition

FILED

Mar 30 1998 8:00am

Secretary of State