## 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 P97000098043 (7) DOCUMENT #

A-MS GARAGE DOORS, INC.

Principal Place of Business 9939 RIVER DRIVE

Mailing Address

9939 RIVER DRIVE

## **FILED** Jan 23 1998 8:00am Secretary of State



GIBSONTON FL 33534-4405 GIBSONTON FL 33534-4405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/14/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-3477064 26 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SHIRAH, MERLIN W 9939 RIVER DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) GIBSONTON FL 33534-4405 83 84 City 85 Zip Code FL

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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE 12 NAME NAME SHIRAH, MERLIN W STREET ADDRESS 9939 RIVER DRIVE 1.3 STREET ADDRESS GIBSONTON FL 33534-4405 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2,3 STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIF DELETE TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 I TITLE ☐ Change Addition 5,2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5 4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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)(1), 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: MILLI COLO TMERIO W. Shirak:

(83) 671-4530

CR2E034 (10/97