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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90198 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000014521

1. Corporation Name

A ALL WEATHER GARAGE DOOR REPAIR, INC.

Principal Place of Business

3440 SKYSAIL PLACE
TAMPA FL 33607

Mailing Address

3440 SKYSAIL PLACE
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1998

4. FEI Number

59-3492753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 12360 66th St N

Suite, Apt. #, etc.

22 Suite X

23 City & State
Largo Florida24 Zip
33773

Country

25 Pinellas

2a. Mailing Address

26 12360 66th St N.

Suite, Apt. #, etc.

27 Suite X

28 City & State
Largo FLA29 Zip
33773

Country

30 Pinellas

9. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1188 OCEAN SHORE BLVD.
SUITE 195
ORMOND BEACH FL 32176

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


 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, SAXON	
STREET ADDRESS	3440-SKYSAIL PLACE	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE	VICE President	<input type="checkbox"/> DELETE
NAME	LOU ANN C. ROBINSON	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robinson, SAXON	
1.3 STREET ADDRESS	3615 LIGHTNER DR	
1.4 CITY-ST-ZIP	TAMPA, FL 33629	

2.1 TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robinson, LOU ANN C	
2.3 STREET ADDRESS	3615 LIGHTNER DR	
2.4 CITY-ST-ZIP	TAMPA FL 33773	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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)(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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(SAXON A. Robinson)

Date

1-1-98 813-5238912

Daytime Phone #

CR2E034 (11/98)