

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90024 009 ***150.00

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
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DOCUMENT # P98000021955 ✓

Corporation Name
FLORIDA DOOR CONTROL, INC.

Principal Place of Business TAMPA, FL	Mailing Address 9481 HIGHLAND OAK DR #711 TAMPA, FL 33647
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Principal Place of Business 3880 6TH AVE N PIELAS PARK, FL 33781	Mailing Address SAME Suite, Apt. #, etc. City & State US Zip 33781
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Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVE, SUITE 900 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03-06-1998	4. Fil Number 59-3508205	Applied For Not Applicable
5. Certificate of Status Desired ☐	6. Election Campaign Financing Trust Fund Contribution ☐	Additional Fee Required \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

Consistent to the provisions of Sections 607.0002 and 607.1002, 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 607.0002, Florida Statutes.

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME MICHAEL WAYNE GRIFFIN PRESIDENT 9481 HIGHLAND OAK DR. #711 TAMPA, FL 33647	☒ DELETE	1.1 TITLE PRESIDENT	☐ Change ☐ Addition
2. NAME MICHAEL WAYNE GRIFFIN VICE PRESIDENT	☒ DELETE	2.1 TITLE VICE PRESIDENT	☒ Change ☐ Addition
3. NAME MICHAEL WAYNE GRIFFIN SECRETARY	☒ DELETE	3.1 TITLE SECRETARY	☒ Change ☐ Addition
4. NAME MICHAEL WAYNE GRIFFIN TREASURER	☒ DELETE	4.1 TITLE TREASURER	☒ Change ☐ Addition
5. NAME (Empty)	☐ DELETE	5.1 TITLE (Empty)	☐ Change ☐ Addition
6. NAME (Empty)	☐ DELETE	6.1 TITLE (Empty)	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116.07(3)(b), 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 of the registrar 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: Michael Wayne Griffin SIGNATURE REQUIRED 4/22/99
 MICHAEL WAYNE GRIFFIN 727-521-3667