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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000053911					
1. Corporation Name NATIONAL OVERHEAD DOOR, INC.					



Principal Place of Business
 303 OLEANDER STREET
 NEPTUNE BEACH FL 32266

Mailing Address
 303 OLEANDER STREET
 NEPTUNE BEACH FL 32266

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 820 11th AVE. S. Suite, Apt. #, etc.		2a. Mailing Address 26 820 11th AVE. S. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/15/1998	
22 City & State JACKSONVILLE BEACH FLA.		27 City & State JACKSONVILLE BEACH FLA.		4. FEI Number 59-3516534	
23 Zip 32250		28 Zip 32250		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country USA		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DUDLEY, AYMEE E
 303 OLEANDER STREET
 NEPTUNE BEACH FL 32266

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
 820 11th AVE. S.
83
84 City
 JACKSONVILLE BEACH FL **85** Zip Code
 32250

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P.
NAME	DUDLEY, AYMEE E	1.2 NAME	
STREET ADDRESS	303 OLEANDER STREET	1.3 STREET ADDRESS	820 11th AVE. S.
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	1.4 CITY-ST-ZIP	JACKSONVILLE BEACH FLA 32250
TITLE		2.1 TITLE	VP.
NAME		2.2 NAME	WALTON, KENNETH T.
STREET ADDRESS		2.3 STREET ADDRESS	538 OLEANDER ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NEPTUNE BEACH FLA. 32266
TITLE		3.1 TITLE	S.
NAME		3.2 NAME	WALTON, KRIS
STREET ADDRESS		3.3 STREET ADDRESS	1036 14th AVE NORTH
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE BEACH FLA 32250
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

Aymee Dudley, Pres. 2/26/99 270-0033

CR2E034 (11/98)