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FILED

Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S96419

(4)

1. Corporation Name

FRONTDOOR ENTERPRISES, INC.

Principal Place of Business

1603 HOMESTEAD ST  
SEBRING FL 33870

Mailing Address

1603 HOMESTEAD ST  
SEBRING FL 33870-1732



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
11/25/1991

3a. Date of Last Report  
02/16/1996

4. FEI Number  
59-3096438

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 Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

YOUNG, LELON  
1603 HOMESTEAD ST  
SEBRING FL 33870

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

LeLon A. Young

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	YOUNG, LELON	
STREET ADDRESS	1603 HOMESTEAD ST	
CITY, ST, ZIP	SEBRING FL	
TITLE	D	DELETE
NAME	YOUNG, CAMILLE	
STREET ADDRESS	1603 HOMESTEAD ST	
CITY, ST, ZIP	SEBRING FL	
TITLE	D	DELETE
NAME	SCHUCHMAN, TARA YOUNG	
STREET ADDRESS	37 RIP ROAD	
CITY, ST, ZIP	HANOVER NY 03753	
TITLE	D	DELETE
NAME	WOOD, DANIEL O.	
STREET ADDRESS	27 WHITE OAK	
CITY, ST, ZIP	BLUFFTON SC	
TITLE	D	DELETE
NAME	RODRIGUEZ, LINDA D.	
STREET ADDRESS	10903 AIRVIEW DR	
CITY, ST, ZIP	TAMPA FL	
TITLE	D	DELETE
NAME	RODRIGUEZ, EDWARD	
STREET ADDRESS	10903 AIR VIEW DR	
CITY, ST, ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 do 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, unchanged, or on an attachment with an address.

SIGNATURE:

LeLon A. Young

3-17-97 941-385-5919

Date Signature/Printer's

CR2E034 (9/96)