

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V19066

(2)

1. Corporation Name

ACTION DOOR SYSTEMS, INC.



Principal Place of Business

3919 RIGA BLVD  
TAMPA FL 33619  
US

Mailing Address

3919 RIGA BLVD  
TAMPA FL 33619  
US

3. Date Incorporated or Qualified

03/02/1992

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3109003

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

10. Name and Address of New Registered Agent

HOLDER, GREGORY P.  
201 N. FRANKLIN STREET  
SUITE 2600  
TAMPA FL 33602

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 fee (if applicable)

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME STOWELL, DAVID A  
STREET ADDRESS 3919 RIGA BLVD  
CITY-STATE-ZIP TAMPA FL  
☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE VD  
NAME KEENAN, MARK A  
STREET ADDRESS 1801 ACME ST  
CITY-STATE-ZIP ORLANDO FL  
☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE ST  
NAME AUTEN, JUDY A  
STREET ADDRESS 3919 RIGA BLVD  
CITY-STATE-ZIP TAMPA FL  
☒ DELETE

3.1 TITLE ST  
3.2 NAME STOWELL, DAVID A.  
3.3 STREET ADDRESS 3919 RIGA BLVD.  
3.4 CITY-STATE-ZIP TAMPA, FL 33619  
☒ Change ☐ Addition

TITLE D  
NAME HOPKINS, DANIEL J  
STREET ADDRESS 3919 RIGA BLVD  
CITY-STATE-ZIP TAMPA FL  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE D  
NAME SZAROWICZ, MICHAEL  
STREET ADDRESS 6737 TOWER DR.  
CITY-STATE-ZIP HUDSON FL 33637  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE D  
NAME SZAROWICZ, DANIEL P  
STREET ADDRESS 6737 TOWER DR.  
CITY-STATE-ZIP HUDSON FL 33677  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. STOWELL 03/28/96 813/628-9330

Date

Daytime Phone #

CR2E034 (12/95)