

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V22794** (4)

1. Corporation Name

DOORCRAFT OF CENTRAL FLORIDA, INC.



Principal Place of Business

**525 CHASE HAMMOCK RD.
MERRITT ISLAND FL 32952**

Mailing Address

**525 CHASE HAMMOCK RD.
MERRITT ISLAND FL 32952**

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

9. Name and Address of Current Registered Agent

**ELLIS, DELMAS R.
525 CHASE HAMMOCK RD.
MERRITT ISLAND FL 32952**

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 607.0102 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 of Person Authorized to Sign this Report

Signature of Agent for Change of Registered Office or Agent

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
ELLIS, DELMAS R.
540 CHASE HAMMOCK RD.
MERRITT ISLAND FL
DST
ELLIS, OMMIE J.
540 CHASE HAMMOCK RD.
MERRITT ISLAND FL

☐ DELETE

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☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this form is voluntarily furnished and I do 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 Book 12 or Book 12 if changed, or on an attachment with an address.

SIGNATURE: *Ommie Jean Ellis* *Ommie Jean Ellis* 4-15-96 407.453.1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)