FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V24035** **(0)**

1. Corporation Name
ACTION DOOR & CLOSER SERVICE, INC.

Principal Place of Business	Mailing Address
1050 S. DIXIE HWY E. POMPANO BEACH FL 33069	P.O. BOX 6664 MARGATE FL 33063-6664

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/23/1992**
3a. Date of Last Report: **07/22/1994**

2. Principal Place of Business
21 SAME
Suite, Apt. #, etc. 22
City & State 23
Zip 24 County 25

2a. Mailing Address
26 P.O. Box 4752
Suite, Apt. #, etc. 27
City & State 28 Boynton Bch. FL
Zip 29 33424-4752 County 30 Palm Bch

4. FEI Number: **65-0321004** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FISHMAN, ALAN S.
2300 W SAMPLE RD
STE 202
POMPANO BEACH FL 33073

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	HARDING, GEORGE JR	12 NAME	
STREET ADDRESS	116 GARDENS DR. #204	13 STREET ADDRESS	10139 Boynton Place Circle
CITY-ST-ZIP	POMPANO BEACH FL 33069	14 CITY-ST-ZIP	Boynton Bch., FL 33437
TITLE	VTS	21 TITLE	☑ Change ☐ Addition
NAME	HARDING, CHRISTINE M.	22 NAME	
STREET ADDRESS	116 GARDENS DR. #204	23 STREET ADDRESS	10139 Boynton Place Circle
CITY-ST-ZIP	POMPANO BEACH FL 33069	24 CITY-ST-ZIP	Boynton Bch., FL 33437
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Christine M Harding V.P. 3/4/95 (407)495-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436172 FP