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**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # V62432



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90247 024 \*\*\*158.75

## 

1. Corporation Name	3
A-A SPEEDY OPENERS, INC.	. HARM BIRING SIMB HAR

Mailing Address Principal Place of Business 1315 FOXTREE TRAIL 1315 FOXTREE TRAIL APOPKA FL 32712-043 APOPKA FL 32712-043 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 09/08/1992 4. FEI Number Applied For 2. Principal Place of Business .... 104 No. ORANGE Blossom / RA 59-3135398 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing  $\Box$ RIANDO Added to Fees Trust Fund Contribution 23 Country Country 8. This corporation owes the current year Intangible Zip ORANG □No 30 Personal Property Tax. 29 32810-1013 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SHATTUCK, DORIS G 82 Street Address (P.O. Box Number is Not Acceptable) 1315 FOXTREE TRAIL APOPKA FL 32712 83

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 agreet the polygations of Section 607.0505, Florida Statutes.

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City

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ DELETE 1.1 TITLE ☐ Change TITLE SHATTUCK, DORIS G 12 NAME NAME 1315 FOXTREE TRAIL 1.3 STREET ADDRESS STREET ADDRESS APOPKA FL 32712-3043 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITLE 2.2 NAME WRIGHT, STEVE NAME 4149 LAUGHLIN ROAD 2.3 STREET ADDRESS STREET ADDRESS ZELLWOOD FL 32798 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 3.1 TITLE 3.2 NAME NAME REID, ROBERT 113 TRAFALGAR PLACE 3.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 34 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 4,1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)

Zip Code

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