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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V70444** (7)
1. Corporation Name
D & D GARAGE DOORS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
989 S PACKINGHOUSE RD **989 S PACKINGHOUSE RD**
SARASOTA FL 34232 **SARASOTA FL 34232**
US **US**

3. Date Incorporated or Qualified **10/05/1992** 3a. Date of Last Report **02/14/1994**

2. Principal Place of Business 2a. Mailing Address
21 **970 Cuthbert Rd** 26 **970 Cuthbert Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0364815** Applied For
Not Applicable

22 City & State 27 City & State
Sarasota FL **Sarasota FL**

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

23 Zip 25 County 29 Zip 30 County
34240 **34240**

6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees

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

9. Name and Address of Current Registered Agent
MILLER, DALLAS L.
989 S PACKINGHOUSE RD
SARASOTA FL 34232

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 607.0503 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 mandating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MILLER, DENVER
STREET ADDRESS	3314 CAMBRIDGE DR.
CITY-ST-ZIP	SARASOTA FL 34240
TITLE	VT
NAME	MILLER, DALLAS L
STREET ADDRESS	2701 JAMACIA ST
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	S
NAME	MILLER, BRIAN
STREET ADDRESS	3314 CAMBRIDGE DR
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	16444 Ruby Rd.
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(b), 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 a trade 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: _____ VP **4/12/95** (813) 371-7242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Telephone Area #)