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 FEB 27 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **195540** **(0)**

1. Corporation Name
GEORGE DORO FIXTURE COMPANY

Principal Place of Business	Mailing Address
102 FLORIDA AVE P.O. BOX 1836 JACKSONVILLE 1 FL 32201	102 FLORIDA AVE P.O. BOX 1836 JACKSONVILLE 1 FL 32201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/24/1956**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 **P.O. BOX 1836**
City & State 23	City & State 28 **JAX., FL**
Zip / Country 24 / 25	Zip / Country 29 **21101-1836** / 30 **DUVAL**

4. FEI Number: **59-0781210** ☐ 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

DORO, WILLIAM T
102 FLORIDA AVE
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: **DORO, WILLIAM T. JR.**
82 Street Address (P.O. Box Number is Not Acceptable): **102 FLORIDA AVE.**
83
84 City: **JACKSONVILLE,** **FL** 85 Zip Code: **32201-1836**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☒ Change ☐ Addition
NAME	DORO, WILLIAM T	12 NAME	**DPT**
STREET ADDRESS	5510 CLIFTON RD	13 STREET ADDRESS	**DORO, WILLILAM T. JR.**
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	**5510 CLIFTON RD.** **JACKSONVILLE,F L 32211**
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	MCCOY, CYNTHIA L	22 NAME	
STREET ADDRESS	14557 PHILLIPS HWY	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DORO, ARLENE R	32 NAME	
STREET ADDRESS	5510 CLIFTON RD	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	
TITLE	EV	41 TITLE	☐ Change ☐ Addition
NAME	JOYCE, O. J.	42 NAME	
STREET ADDRESS	3715 COLONY COVE TRAIL	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	DORO, JR. - WILLIAM T.	52 NAME	
STREET ADDRESS	5510 CLIFTON RD	53 STREET ADDRESS	**DELETE**
CITY-ST-ZIP	JACKSONVILLE FL	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: William T. Doro Jr. **WILLIAM T. DORO, JR.** **2/22/95** **(904) 353-6153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0404000 FP