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Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 195540 (0) 1. Corporation Name GEORGE DORO FIXTURE COMPANY			
Principal Place of Business 102 A PHILIP RANDOLPH BLVD P.O. BOX 1836 JACKSONVILLE FL 32202 US		Mailing Address 102 A PHILIP RANDOLPH BLVD P.O. BOX 1836 JACKSONVILLE FL 32202-2214 US	
2. Principal Place of Business 21 102 A PHILIP RANDOLPH BLVD Suite, Apt. #, etc.		2a. Mailing Address 26 102 A PHILIP RANDOLPH BLVD. Suite, Apt. #, etc.	
22 City & State 23 JACKSONVILLE, FLORIDA Zip Country 24 32202-2214 25 DUVAL		27 City & State 28 JACKSONVILLE, FLORIDA Zip Country 29 32202-2214 30 DUVAL	
9. Name and Address of Current Registered Agent DORO, WILLIAM T JR 102 A PHILIP RANDOLPH BLVD JACKSONVILLE FL 32202		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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	PT	☐ DELETE	
NAME	DORO, WILLIAM T JR		
STREET ADDRESS	5510 CLIFTON RD		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	S	☐ DELETE	
NAME	DORO, ARLENE R		
STREET ADDRESS	5510 CLIFTON RD		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		
TITLE	EV	☐ DELETE	
NAME	JOYCE, O. J.		
STREET ADDRESS	3715 COLONY COVE TRAIL		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		☐ Change ☐ Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change ☐ Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change ☐ Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change ☐ Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change ☐ Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change ☐ Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			



SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 (904) 353-6153

0029282

CR2E034 (9/96)