

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 16 1996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 668162

(1)

1. Corporation Name
DOMERS, INC.

Principal Place of Business:

**204 S.E. 10TH AVENUE
OKEECHOBEE FL 34974**

Mailing Address:

**204 S.E. 10TH AVENUE
OKEECHOBEE FL 34974**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1980

3a. Date of Last Report

07/20/1994

4. FEI Number

59-1997996

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**

6. This corporation has equity for incorporation under Chapter 120, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business:

21

State Apt # etc.

22

City & State

23

Zip

24

25

2a. Mailing Address:

26

State Apt # etc.

27

City & State

28

Zip

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOMER, RAY
204 S.E. 10TH AVENUE
OKEECHOBEE FL 34974**

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Person Authorized to Sign on Behalf of Corporation)

(Signature of Registered Agent or Person Authorized to Sign on Behalf of Corporation)

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
DOMER, RAY
204 S.E. 10TH AVE.
OKEECHOBEE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

☐ Change ☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

☐ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 419.07(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 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 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number