

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 APR 28 PM 7:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N44058 (8)**  
1. Corporation Name  
**PHOENIX AVICULTURAL RESEARCH & DEVELOPMENT, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**% DAVID T. DOLLAR**  
**P.O. BOX 1179**  
**PALM HARBOR FL 34682**  
**% DAVID T. DOLLAR**  
**P.O. BOX 1179**  
**PALM HARBOR FL 34682**

3. Date Incorporated or Qualified **06/26/1991** 3a. Date of Last Report **02/03/1994**

4. FEI Number **59-3139508** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.  
**22** City & State **27** City & State  
**23** Zip **25** Country **29** Zip **30** Country

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DOLLAR, DAVID T.**  
**4784 SIMCOE ST**  
**PALM HARBOR FL 34683**

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 607.1608, 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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
**D**  
**DOLLAR, DAVE T.**  
**4784 SIMCOE ST**  
**PALM HARBOR FL**  
**P**  
**DOLLAR, DEBORAH L.**  
**4784 SIMCOE ST**  
**PALM HARBOR FL**  
**TD**  
**DOLLAR, DEBORAH L.**  
**4784 SIMCOE ST**  
**PALM HARBOR FL**  
**DVS**  
**DISTLER, DELPHIA**  
**1897 TANGLEWOOD DR NE**  
**ST PETERSBURG FL**

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

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: Deborah L. Dollar  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Deborah L. Dollar**

4-24-95 (813) 938-8893  
 Date (Type) (Type)