

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 03 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 # P96000029428 (5)

1. Corporation Name
DOCULEX, INC.



Principal Place of Business
**200 AVE. B. N.W.
WINTER HAVEN FL 33880**

Mailing Address
**200 AVE. B. N.W.
WINTER HAVEN FL 33881-4511**

3. Date Incorporated or Qualified **03/29/1996** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3377504** Applied For
Not Applicable

21 Sute, Apt. #, etc.

26 Sute, Apt. #, etc.

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

22 City & State

27 City & State

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

23 City & State

28 **WINTER HAVEN FL**

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

24 Zip

25 Country

29 Zip

30 Country

23 City & State

28 **WINTER HAVEN FL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRANG, CARL J III
200 AVE. B, N.W.
WINTER HAVEN FL 33880**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	STRANG, CARL J III
STREET ADDRESS	1340 LAKE CANNON DR E
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	D <input type="checkbox"/> DELETE
NAME	STRANG, CARL J JR
STREET ADDRESS	1050 LAKE OTIS DR W
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	D <input type="checkbox"/> DELETE
NAME	WILSON, KERRY M
STREET ADDRESS	1906 18TH ST NW
CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	D <input type="checkbox"/> DELETE
NAME	BOGDAHN, JOSEPH
STREET ADDRESS	1332 EVELYN DR SE
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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; 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: **Carl J Strang, III** Date: **1/21/97** Daytime Phone: **941-297-3691**

CR2E034 (9/96)