PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108598

DORTCH ENTERPRISES, INC.	Mailing Address					
Principal Place of Business	Mailing Address 8425 ULMERTON ROAD					
6425 ULMERTON ROAD 6425 ULMERTON HOAD LARGO FL 33771 LARGO FL 33771						
				DO NOT WRITE IN TH	IS SPACE	
				 Date Incorporated or Qualified 01/01/1998 		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
1 6495 Ulmerton Rd.	26 Same			59-3485188	No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	City & State		•	6. Election Campaign Financing	\$5.00	May Be
a Largo FL	28			Trust Fund Contribution	Added t	o Fees
Zip 2200	Zip	Country	ÿ `	8. This corporation owes the current year	Intangible ¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯	52No
4 33171 25 USA	29	30		Personal Property Tax. 10. Name and Address of New Registers		45140
9. Name and Address of Curr	ent Registered Agent		1 Name	10. Name and Address of New Rogistine		
DORTCH, DONALD D						
6425 ULMERTON ROAD			82 Street Address (P.O. Box Number is Not Acceptable)			
LARGO FL 33771		83	3	,		
		84	6 City		85 Zip 0	Code
			1 '	F		
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Star agent, I am familiar with, and accept the obli- 	502 and 607.1508, Florida Statute of Florida, Such change was gations of, Section 607.0505, Fi	ites, the above authorized by orida Statute	ve-named con y the corporati s.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its cointment as re	registered gistered
SIGNATURE Signature, typed or printed name of registered a	igent and title if applicable. (NOT	E: Registered Age		poration submits this statement for the purpose ion's board of directors. I hereby accept the application when reinstating) DATE DATE		
SIGNATURE Signature, typed or printed name of registered a OFFICERS.	opent and title if applicable. (NOT AND DIRECTORS	E. Registered Age	ent signeture reque	<u> </u>	AND DIRECTO	RS IN 12
SIGNATURE Signature, typed or printed name of registered at 2. OFFICERS	opent and title if applicable. (NOT AND DIRECTORS	E: Registered Age 13.	ent signature reque	ed when reinstating) DATE		
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14. I 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 eath; 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90038 042 ***150.00