

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000021242 (9)**

1. Corporation Name

DONNIE GOULD RESTORATIONS, INC.



Principal Place of Business

**4130 N.E. 6TH AVE.
OAKLAND PARK FL 33334**

Mailing Address

**4130 N.E. 6TH AVE.
OAKLAND PARK FL 33334**

2. Principal Place of Business

4130 N.E. 6TH AVE

Suite, Apt. #, etc.

2a. Mailing Address

4130 N.E. 6TH AVE

Suite, Apt. #, etc.

City & State

FLORIDA FL.

City & State

FLORIDA FL.

Zip

33334

Country

USA

Zip

33334

Country

USA

9. Name and Address of Current Registered Agent

**MAFFEI & MAFFEI, P.A.
633 S.E. 3RD AVE.
SUITE 4R
FORT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified

03/15/1995

3a. Date of Last Report

4. FEI Number

65-0566573

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**

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

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

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

GOULD, DONALD L

STREET ADDRESS

4130 N.E. 6TH AVE.

CITY - ST - ZIP

OAKLAND PARK FL 33334

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE PHONE #