

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90124 046 ***150.00

DOCUMENT # F95000005909

1. Corporation Name
SOCORRO ENTERPRISES INC.



Principal Place of Business
69 TEAK RUN
OCALA FL 34472

Mailing Address
69 TEAK RUN
OCALA FL 34472

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1995

4. FEI Number
59-3335874

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 10 Locust Run CRSE.

Suite, Apt. #, etc.

City & State
23 Ocala, FL

Zip
24 34472

Country
25 MARION

2a. Mailing Address
26 10 Locust Run Course

Suite, Apt. #, etc.

City & State
28 Ocala, FL

Zip
29 34472

Country
30 MARION

9. Name and Address of Current Registered Agent

DOOD, DOROTHY M
69 TEAK RUN
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name
Dood, Dorothy M.
82 Street Address (P.O. Box Number is Not Acceptable)
10 Locust Run Course
83
84 City
Ocala FL 85 Zip Code
34472

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	DOOD, DOROTHY	69 TEAK RUN	OCALA FL 34472	<input checked="" type="checkbox"/>
DC	DOOD, DOROTHY	69 TEAK RUN	OCALA FL 34472	<input checked="" type="checkbox"/>
VDC	CUMBERLIDGE, JOE	69 TEAK RUN	OCALA FL 34472	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PST	Dood, Dorothy	10 Locust Run Course	Ocala, FL 34472	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DC	Dood Dorothy	10 Locust Run Course	Ocala FL 34472	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VDC	Cumberledge, Joe	10 Locust Run Course	Ocala, FL 34472	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21 352-687-1144
Date Daytime Phone

CR2E034 (11/98)

0483779