FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED, AND FILED
95 MAR 21 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **149449** **(1)**

1. Corporation Name
CHAS R. DORSEY, INC.

Principal Place of Business	Mailing Address
524 DATURA ST P.O. BOX 3207 WEST PALM BEACH FL 33401	524 DATURA ST P.O. BOX 3207 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1946
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-0587171 ☐ 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

9. Name and Address of Current Registered Agent

BURNS, JOHN L
140 ROYAL PALM WAY
PLAM BEACH 33480

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 607.1508, 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	MATIS, ANTOINETTE	1.2 NAME	
STREET ADDRESS	524 SATURA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	☐ Change ☐ Addition
NAME	DORSEY, CHARLES R, JR	2.2 NAME	
STREET ADDRESS	524 DATURA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	V ☒ Change ☐ Addition
NAME	SEARS, MARIE C	3.2 NAME	DIANE E. LAMPI
STREET ADDRESS	524 DATURA ST	3.3 STREET ADDRESS	524 DATURA ST.
CITY-ST-ZIP	W PALM BCH, FL 00000	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33401
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	DORSEY III, CHARLES R	4.2 NAME	
STREET ADDRESS	524 DATURA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, RALPH	5.2 NAME	
STREET ADDRESS	524 DATURA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Antoinette Matis Corporate Secretary 3/9/95 (407)659-1120
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #
ANTOINETTE MATIS

0241058 CP