

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 # 399113 (0)

1. Corporation Name

DORICO, INC



Principal Place of Business

37527 NCR 44A
EUSTIS FL 32726

Mailing Address

37527 NCR 44A
EUSTIS FL 32726

2. Principal Place of Business

21 37527 NCR 44A

Suite, Apt. #, etc.

22

City & State

23 EUSTIS, FL.

Zip

24 32736

Country

25 LAKE

2a. Mailing Address

26 37527 NCR 44A

Suite, Apt. #, etc.

27

City & State

28 EUSTIS, FL.

Zip

29 32736

Country

30 LAKE

3. Date Incorporated or Qualified

04/12/1972

3a. Date of Last Report

04/20/1995

4. FEI Number

59-1434038

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

CURRIER, THOMAS J
2472 SPINAKER CT.
PALM HARBOR FL 33563

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

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 PD
NAME CURRIER, DONALD L
STREET ADDRESS 37527 N. CIRCLE 44A
CITY-ST-ZIP EUSTIS FL ☐ DELETE

TITLE STD
NAME CURRIER, RITA L
STREET ADDRESS 37527 N CR 44A
CITY-ST-ZIP EUSTIS, FL 00000 ☐ DELETE

TITLE VD
NAME CURRIER, DAVID
STREET ADDRESS 4575 FOREST BREEZE CT
CITY-ST-ZIP PACE FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME CURRIER, DONALD L.
1.3 STREET ADDRESS 37527 NCR 44A
1.4 CITY-ST-ZIP EUSTIS, FL. 32736

2.1 TITLE S/T/D ☒ Change ☐ Addition
2.2 NAME CURRIER, RITA L.
2.3 STREET ADDRESS 37527 NCR 44A
2.4 CITY-ST-ZIP EUSTIS, FL. 32736

3.1 TITLE V/D ☒ Change ☐ Addition
3.2 NAME CURRIER, DAVID M.
3.3 STREET ADDRESS 6272 DILLOREE RD.
3.4 CITY-ST-ZIP PACE, FL. 32571

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Donald L. Currier P/D DONALD L. CURRIER 4-20-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-352-580-0224

CR2E034 (12/95)