

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

FILED

Apr 29 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>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                                 |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report   |  |
| 21 37527 NCR 44-A  |  | 26 37527 NCR 44-A     |  | 04/12/1972  |  | 04/25/1996  |  |
| 22 Suite, Apt #, etc.  |  | 27 Suite, Apt #, etc. |  | 4. FEI Number   |  | Applied For   |  |
| 23 EUSTIS, FL.   |  | 28 EUSTIS, FL.        |  | 59-1434038  |  | Not Applicable  |  |
| 24 32736   |  | 29 32736              |  | 5. Certificate of Status Desired  |  | 8.75 Additional Fee Required  |  |
| 25 LAKE  |  | 30 LAKE               |  | <input type="checkbox"/>  |  | <input type="checkbox"/>  |  |
| 26 City & State  |  | 27 City & State       |  | 6. Election Campaign Financing  |  | 5.00 May Be Added to Fees   |  |
| 28 EUSTIS, FL.   |  | 29 EUSTIS, FL.        |  | Trust Fund Contribution   |  | <input type="checkbox"/>  |  |
| 29 32736   |  | 30 32736              |  | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 31 LAKE  |  | 32 LAKE               |  | 10. Name and Address of New Registered Agent  |  |   |  |
| 9. Name and Address of Current Registered Agent                |  |                       |  | 81 Name   |  |   |  |
| CURRIER, THOMAS J<br>2472 SPINAKER CT.<br>PALM HARBOR FL 33563 |  |                       |  | CURRIER, THOMAS J.  |  |   |  |
|  |  |                       |  | 82 Street Address (P.O. Box Number is Not Acceptable)                                   |  |   |  |
|  |  |                       |  | 1566 ROXBURG LANE   |  |   |  |
|  |  |                       |  | 83  |  |   |  |
|  |  |                       |  | 84 City   |  |   |  |
|  |  |                       |  | DUNEDIN FL  |  |   |  |
|  |  |                       |  | 85 Zip Code   |  |   |  |
|  |  |                       |  | 34698   |  |   |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |                       |   |                   |
|----------------------------|-----------------------|---|-------------------|
| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                   |
| TITLE                      | PD                    | 1.1 TITLE   | P/D               |
| NAME                       | CURRIER, DONALD L     | 1.2 NAME  | CURRIER DONALD L. |
| STREET ADDRESS             | 37527 N. CIRCLE 44A   | 1.3 STREET ADDRESS                                    | 37527 NCR 44-A    |
| CITY-ST-ZIP                | EUSTIS FL             | 1.4 CITY-ST-ZIP                                       | EUSTIS, FL. 32736 |
| TITLE                      | STD                   | 2.1 TITLE   | STD               |
| NAME                       | CURRIER, RITA L       | 2.2 NAME  | CURRIER, RITA L.  |
| STREET ADDRESS             | 37527 N CR 44A        | 2.3 STREET ADDRESS                                    | 37527 NCR 44-A    |
| CITY-ST-ZIP                | EUSTIS, FL 00000      | 2.4 CITY-ST-ZIP                                       | EUSTIS, FL. 32736 |
| TITLE                      | VD                    | 3.1 TITLE   | V.D               |
| NAME                       | CURRIER, DAVID        | 3.2 NAME  | CURRIER, DAVID M. |
| STREET ADDRESS             | 4575 FOREST BREEZE CT | 3.3 STREET ADDRESS                                    | 6272 BILLOREE RD. |
| CITY-ST-ZIP                | PACE FL               | 3.4 CITY-ST-ZIP                                       | PACE, FL. 32571   |
| TITLE                      |                       | 4.1 TITLE   |                   |
| NAME                       |                       | 4.2 NAME  |                   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |                   |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |                   |
| TITLE                      |                       | 5.1 TITLE   |                   |
| NAME                       |                       | 5.2 NAME  |                   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |                   |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |                   |
| TITLE                      |                       | 6.1 TITLE   |                   |
| 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 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: Donald L. Currier DONALD L. CURRIER 4797-589-0224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)