

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

**CORPORATION-  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY -1 PM 12:32

**DOCUMENT # 438531 (6)**

1. Corporation Name  
**J. E. DODGE CORPORATION**

Principal Place of Business Mailing Address  
**P.O. BOX 248 BROOKVILLE, ONTARIO FL 32949 K6V 5V5** **P.O. BOX 248 BROOKVILLE, ONTARIO FL 32949 K6V 5V5**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/22/1973** 3a. Date of Last Report **08/26/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **4301 Gulf Shore B.N.**

4. FEI Number **59-1497120** Applied For  Not Applicable

Suite, Apt. #, etc 26 **PH 5**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State 27 **Naples, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip 28 **33940** Country 30 **Collier**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEXTON, DAVID N  
% BOND SHOENECK & KING  
1187 THIRD STREET, SOUTH  
NAPLES FL 33940**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **DODGE, J.E.**  
STREET ADDRESS **P.O. BOX 248 N/A**  
CITY - ST - ZIP **BROOKVILLE FL**

TITLE **ST**  
NAME **KLEINLAGEL, RON**  
STREET ADDRESS **P.O. BOX 248 N/A**  
CITY - ST - ZIP **BROCKVILLE ONTARIO K6V5V5**

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

1 1 TITLE  Change  Addition  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

2 1 TITLE  Change  Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

3 1 TITLE  Change  Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

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

**REMITTED BY MAY 1**

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 110.07(3)(b), 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) changed, or on an attachment with an address

SIGNATURE: **J. E. (Jack) Dodge**  
Typed or printed name of signing officer or director

May 1, 1995 613-345-2611  
Date Time Phone