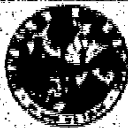


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 439989 (5)

1. Corporation Name

THE DOMES OF THE TWO SISTERS, INC.

Principal Place of Business

**901 NORTH DOXE FREEWAY
NEW SMYRNA BEACH FL 32108-6219**

Mailing Address

**901 NORTH DOXE FREEWAY
NEW SMYRNA BEACH FL 32108-6219**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/16/1973

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1496448

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

6. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DUDLEY, JOSEPH P.
403 DOWNING ST
NEW SMYRNA BCH FL 32168**

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD
MIKOLAS, BARBARA SAXON
308 RUSH ST
NEW SMYRNA BCH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
MIKOLAS, BARBARA SAXON
308 RUSH ST
NEW SMYRNA BCH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
MIKOLAS, THOMAS B
308 RUSH ST
NEW SMYRNA BCH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BARBARA SAXON MIKOLAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95

Date

904-428-6956

Telephone (Area #)