FILE NOW: FILING FEE AFTER MAY 1 IS ~~$225.00~~ $165.

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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
~~1996~~ 1997

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

DOCUMENT # F06897 (5)

1. Corporation Name
~~DOMSAT OF FLORIDA, INC~~
DOMINION HOME SYSTEMS DIRECT, INC.

[redacted]

Principal Place of Business	Mailing Address
~~5551 RIDGEWOOD DR~~ ~~STE 505~~ ~~NAPLES FL 33963~~ US	~~5551 RIDGEWOOD DR~~ ~~STE 505~~ ~~NAPLES FL 33963~~ US

3. Date Incorporated or Qualified: 11/24/1980
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business	2a. Mailing Address
21 3050 N. Horseshoe Dr.	26 3050 N. Horseshoe Dr.
Suite, Apt. #, etc. 22 Suite 290	Suite, Apt. #, etc. 27 Suite 290
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 34104 Country 25 USA	Zip 29 34104 Country 30 USA

4. FEI Number: 65-0173717 ☐ 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

JOHNSON, ROBERT W
~~5551 RIDGEWOOD DR~~
~~STE 505~~
~~NAPLES FL 33963~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3050 N. Horseshoe Dr., Suite 290
83
84 City Naples, FL 85 Zip Code 34104

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	CCEO ☐ DELETE	1.1 TITLE	PRESIDENT CCEO ☒ Change ☐ Addition
NAME	JOHNSON, ROBERT W	1.2 NAME	
STREET ADDRESS	233 9TH AVE S	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES,FL 00000	1.4 CITY-ST-ZIP	
TITLE	SECRETARY DIRECTOR ☐ DELETE	2.1 TITLE	SECRETARY ☐ Change ☒ Addition
NAME	Randy Swanson	2.2 NAME	Randy Swanson
STREET ADDRESS	986 N. Waterway	2.3 STREET ADDRESS	986 N. Waterway
CITY-ST-ZIP	Ft. Myers, FL 33919	2.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	TREASURER DIRECTOR ☐ DELETE	3.1 TITLE	TREASURER ☐ Change ☒ Addition
NAME	Allen Rundle	3.2 NAME	Allen Rundle
STREET ADDRESS	690 Regatta Rd.	3.3. STREET ADDRESS	690 Regatta Rd.
CITY-ST-ZIP	NAPLES, FL 34103	3.4 CITY-ST-ZIP	NAPLES, FL. 34103
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: Robert W. Johnson Robert W. Johnson 4-18-97 (941) 403-9130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #