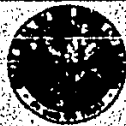


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 17 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F84968 (9)

1. Corporation Name

DOMAR PROFESSIONAL BOOKKEEPING, INC.

Principal Place of Business

3455 W CYPRESS DR.
DUNNELLON FL 34433
US

Mailing Address

3455 W CYPRESS DR.
DUNNELLON FL 34433
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/11/1982

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2200627

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

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

29 Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DOROTHY E.
3455 W CYPRESS DR.
DUNNELLON FL 34433

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PST
SMITH, DOROTHY
3455 W CYPRESS DR.
DUNNELLON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SMITH, DOROTHY
3455 W CYPRESS DR.
DUNNELLON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
SMITH MARVIN
3455 W CYPRESS DR.
DUNNELLON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SMITH MARVIN
3455 W CYPRESS DR.
DUNNELLON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VS
WARNOCK, RONALD
3455 W CYPRESS DR.
DUNNELLON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(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: *Dorothy E. Smith* Dorothy E. Smith, Pres.

4/3/95

(904)489-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #