Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F84968

DOMAR PROFESSIONAL BOO			
3455 W CYPRESS DR. DUNNELLON FL 34433 US	Mailing Address 3455 W CYPRESS DR. DUNNELLON FL 34433 US		DO NOT WRITE I 3. Date Incorporated or Qualifed
2. Principal Place of Business 21 9890 SW 186th Av	2a. Mailing Address enue 26 9890 SW 186th		06/11/1982 4. FEI Number 50.2200627
21 9890 SW 186th Av Suite, Apt. #, etc.	Suite, Apt. #, etc.	1 A	5. Certificate of Status Desired
City & State 23 Dunnellon, FL	City & State 28 Dunnellon, FI		6. Election Campaign Financing Trust Fund Contribution
Zip Country 24 34432 25 USA		ountry IIS	A Personal Property Tax.
9. Name and Address of	Current Registered Agent		10. Name and Address of New Regi
SMITH, DOROTHY E.		81	
3455 W CYPRESS DR. DUNNELLON FL 34433		83	9890 SW 186th Avenue
	607 0502 and 607 1508. Florida Statutes, the	84	Dunnellon

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90016 042 ***150.00



DO NOT WRITE IN THIS SPACE

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

		90	90 SW 186t <u>n Ave</u>	enue	
DUNNELLON FL 34433		83			
•		84 City Du	nnellon		ip Code 4432
 Pursuant to the provisions of Sections 607.0502 and 607.15 office or registered agent, or both, in the State of Florida. Stagent. I am familiar with, and accept the obligations of, Sections 	uch change was auti	, the above-named norized by the corpo	cornoration submits this statemen	nt for the purpose of changing by accept the appointment as	its registered registered
SIGNATURE Signature, typed or printed name of registered agent and title if applied	cable. (NOTE: R	egistered Agent signature r	equired when reinstating)	DATE	_
12. OFFICERS AND DIRECTO	_	13.	ADDITIONS/CHANGES	S TO OFFICERS AND DIREC	
TITLE PST	☐ DELETE	1.1 TITLE		Chang	ge Addition
NAME SMITH, DOROTHY		1.2 NAME			
STREET ADDRESS 3455 W CYPRESS DR.		1.3 STREET ADDRESS	9890 SW 186th	n Avenue	
CITY-ST-ZIP DUNNELLON FL		1.4 CITY-ST-ZIP	Dunnellon, FI		
TITLE D	☐ DELETE	2.1 TITLE		Chang	ge 🔲 Addition
NAME SMITH, DOROTHY		2.2 NAME			
STREET ADDRESS 3455 W CYPRESS DR.		2.3 STREET ADDRESS	9890 SW 186th	n Avenue	
CITY-ST-ZIP DUNNELLON FL		2.4 CITY-ST-ZIP	Dunnellon, FI	34432-443 <u>4</u>	
TITLE - ST	☐ DELETE _	3.1 TITLE	-	Chan	ge 🗌 Addition
NAME SMITH MARVIN		3.2 NAME			
STREET ADDRESS 3455 W CYPRESS DR.		3.3 STREET ADDRESS	9890 SW 186th	n Avenue	
CITY-ST-ZIP DUNNELLON FL		3.4. CITY-ST-ZIP	Dunnellon, FI	34432-4434	
TITLE · D	C DELETE	4.1 TITLE		Chan-	ge 🗌 Addition
NAME SMITH MARVIN		4. 2 NAME			
STREET ADDRESS 3455 W CYPRESS DR.		4.3 STREET ADDRESS	9890 SW 186th	a Avenue	
CITY-ST-ZIP DUNNELLON FL		4.4 CITY-ST-ZIP	Dunnellon, FI	34432-4434	
TITLE VS	☐ DELETE	5.1 TITLE		[] Chan	ge 🗌 Addition
NAME WARNOCK, RONALD		5.2 NAME			•
STREET ADDRESS 9890 SW 186 AVE		5.3 STREET ADDRESS	3455 W. Cypre		
CITY-ST-ZIP DUNNELLON FL		5.4 CITY-ST-ZIP	Dunnellon, FI		
TITLE	☐ DELETE	6.1 TITLE		Chan	ge 🗌 Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP	_		
14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual report.	does not qualify for t	ne exemption stated	in Section 119.07(3)(i), Florida S	Statutes. I further certify that the	e information

officer or director of the corporation or the receiver or trustee empowered and tracting signature stail have the same regardened as it made under oam, that it am at 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, with all other like empowered.