

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 13 PM 4:18**

**DOCUMENT # H35701 (2)**

1. Corporation Name

**DONJOMOR, INC.**

Principal Place of Business

**2150 45TH AVE.  
PO BOX 848  
VERO BEACH FL 32961**

Mailing Address

**2150 45TH AVE.  
PO BOX 848  
VERO BEACH FL 32961**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/27/1984**

3a. Date of Last Report  
**04/29/1994**

4. FEI Number  
**59-2475917**

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 ss. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **2150 45TH AVE.**

2a. Mailing Address

26 **2150 45TH AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **VERO BEACH, FL**

27 City & State

28 **VERO BEACH, FL**

24 Zip

24 **32966**

Country

25 **INDIAN RIVER**

29 Zip

29 **32966**

Country

30 **INDIAN RIVER**

9. Name and Address of Current Registered Agent

**MORRIS, JOAN L.  
2150 45TH AVENUE  
VERO BEACH FL 32966**

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 date of signature

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
MORRIS, DONALD K.  
2150 45TH AVENUE  
VERO BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TSD  
MORRIS, JOAN L.  
2150 45TH AVENUE  
VERO BEACH FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Joan L. Morris** **JOAN L. MORRIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/05/95**

DATE

**407567-2307**

FILE NUMBER