FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # H66478 (9)

1. Corporation Name
S.E. DOLLEN, INC.

Principal Place of Business	Mailing Address
1230 KELSO BLVD. WINDERMERE FL 34786	1230 KELSO BLVD. WINDERMERE FL 34786

3. Date Incorporated or Qualified: 07/16/1985
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business	2a. Mailing Address
21 133 W PLANT ST.	26 P.O. Bx 770526
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: WINTER GARDEN FL.	28 City & State: WINTER GARDEN FL.
24 Zip: 34787 — 25 Country: USA	29 Zip: 34777-0526 — 30 Country: USA

4. FEI Number: 59-2541472 ☐ 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

DOLLEN, STANLEY E.
1230 KELSO BLVD.
WINDERMERE FL 34786

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DOLLEN, STANLEY E.		1.2 NAME	
STREET ADDRESS	1230 KELSO BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE V/S/D	☒ Change ☐ Addition
NAME	MATSON, SHIRLEY M.		2.2 NAME MATSON, SHIRLEY M.	
STREET ADDRESS	1230 KELSO BLVD.		2.3 STREET ADDRESS 1230 KELSO BLVD.	
CITY-ST-ZIP	WINDERMERE FL		2.4 CITY-ST-ZIP WINDERMERE FL	
TITLE	V	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TAFT, JOHN WAYNE		3.2 NAME	
STREET ADDRESS	309 CHARLOTTE ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL		3.4 CITY-ST-ZIP	
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	

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: [signature] STANLEY DOLLEN 5-1-96 407-656-5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)