FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

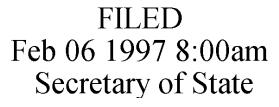
DOCUMENT # H79798

(5)

D. ORR, INC.

Principal Page of Business

Mailing Address





1996 AIRPORT F NAPLES FL 339 US	ROAD, S.	1985 TAPRON STREET NAPLES FL 33962 US								
						3. Date incorporated or Qualified 10/07/1985 3a. Date of Last Report 03/26/1996				eport
2. Principa' P	lace of Business	28. Mailing Address 26				4. FEI Number 59-2596458	Applied For Not Applicable			
Suite, Apt	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	е	City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Ζιρ 24	Country 25	Zip 29	Count 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registered Agent		==1	r	10. Name and Address of New Rec	Istered A	gent		
	DEBRA			81	Name					
	Tarpon St. Les Fl 33962					ddress (P.O. Box Number is Not Acceptab	e)			
				83						
			Ī	84	City	And the second s	FL	85	Zip C	ode
11. Pursuant office or ragent Ta	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obligation for the provision of the status of the colors of the status of th	e of Florida. Such change wa gallioris of, Section 607.0505,	s authorized Florida Statu	i by utes	y the corpo s.	orporation submits this statement for the protein's board of directors. I hereby acceptions the protein state of t	urpose of t the appo	chang pintme	ging its	s registered registered
12.		VD DIRECTORS	13.	Age	nt signature re	ADDITIONS/CHANGES TO OFFIC		DIRE	CTOR	S IN 12
TITLE	P	DELETE	1.1 101	LE				Ch		Addition
NAME	ORR, DEBRA A.		1.2 NA	ME	1					
STREET ADDRESS	1985 TARPON STREET		1.3 ST	REET	ADDRESS					
CITY - ST - ZIP	NAPLES FL		1.4 CH		1-71P					
TOUE	,	☐ DELETE	2.1 TITLE] Ch	ange	Addition
NAME			2.2 NA							
STREET ADDRESS CITY+ST-ZIP			2.3 \$11		ADDRESS					
TITLE		DELETE	31717		31.411			☐ Ch	ange	Addition
NAME			3.2 NA						-	
STREET ADDRESS			33511	REET	ADDRESS					
CITY-SI-ZP	,		34 CI	_	ST-ZIP	MARKET CO. C.		 -		·· •
TITLE		☐ DELETE	4 1 717		- 1			☐ Ch	ange	Addition
NAME			4 2 NA							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP T-TLE		DELETE	4.4 CIT 5 1 TIT		1-41P			Ch	ange	Addition
NAME		tames Section 1	5.2 NA		[hand
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CIT							
TITLE		DELETE	6.1 TIT	Lŧ			·	Ch	ange	Addition
NAME			6.2 NA	ΝE	-					
STREET ADDRESS			6.3 510	REE1	ADDRESS					
C(1)Y - S1 - ZIP			6.4 CIT	Y - \$	1 - ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, open an attachment with an address.

Daytime Phone #