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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H79798 1. Corporation Name

D. ORR, INC.

Principal Place of Business Mailing Address							181 1811 8181 81		
1996 AIRPORT		1996 AIRPORT RD S							
NAPLES FL 33962		NAPLES FL 34112 US			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed			
						10/07/1985			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	olied For
26						59-2596458		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #,						5. Certificate of Status Desired		\$8.75 A	II.
27		27				S. Serandale et Biblio Beside		Fee Req	uired
City & State		City & State	¬ '			6. Election Campaign Financing		\$5.00 N	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	ent year Inta		□No }
24	25		30			Personal Property Tax. 10. Name and Address of New F	Pagistared (·	
	9. Name and Address of Curre	nt Registered Agent		81	Name	iv. Name and Address of New I	tegistereu z	igent	
ORR, DEBRA							,	· · · · · · · · · · · · · · · · · · ·	
1996 AIRPORT RD SOUTH				82	Street Addr	ess (P.O. Box Number is Not Accepta	ıble)		j
NAPLES FL 34112				83			~~		
				84	City		FL	85 Zip C	ode
11 Dureuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s. the a	bove	-named corp	oration submits this statement for the	nurnose of o	changing its r	registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was at	uthorized	i by i	the corporation	on's board of directors. I hereby accep	ot the appoin	itment as reg	istered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered	Ageni	t signature require	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P	☐ DELETE	1.1 स	ΩE				Change	☐ Addition
NAME	ORR, DEBRA A.		1.2 NA	ME					
STREET ADDRESS	1985 TARPON STREET		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	NAPLES FL		_	TY-ST	T-ZIP				- Latina
TITLE		☐ DELETE	2.1 TN					☐ Change	☐ Addition
NAME			2.2 NA						
STREET ADDRESS			2.3 ST	REET	ADDRESS				.
CITY-ST-ZIP			2.4 C		T-ZIP			Channe	Addition
TITLE		☐ DELETE	3.1 TI					☐ Change	Addition
NAME			3.2 NA						
STREET ADDRESS					ADDRESS			-	
CITY-ST-ZIP		☐ DELETE	3.4. C		T-ZIP			Change	Addition
TITLE			41 TF					Onlinge	
NAME			4 2 N						1
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP		☐ DELETE	4.4 CF		T-ZIP			☐ Change	Addition
TITLE		- Deteit	5.1 M			,	•		
NAME	,				ADDRESS				}
STREET ADDRESS	• • •		5.4 CI						
CITY-ST-ZIP		□ DELETE	6.1 TI					Change	☐ Addition

CITY-ST-ZIP 14. I 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, or in an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90062 041 ***150.00

INGENIE DEL COMO ENCE PONTE PONTE PORTE EN DE COMO ATOM DEN MANIE ATOM ATOM ATOM ATOM