

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

APPROVED
AND
FILED

95 FEB 20 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Murrain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J57268** (1)
1. Corporate Name
DORJIM, INC.

Principal Place of Business Mailing Address
% WILLIAM A. PARSONS
2270 S RIDGEWOOD AVE
S DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
02/17/1987 **03/07/1994**
4. FEI Number Applied For
59-2768752 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
PARSONS, WILLIAM A.
2001 S. RIDGEWOOD AVE.
S. DAYTONA FL 32019

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 _____
Signature of registered agent and his appointee. (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	HACKETT, JAMES
STREET ADDRESS	2270 S. RIDGEWOOD AVE.
CITY-ST-ZIP	S. DAYTONA FL
TITLE	STD
NAME	HACKETT, DOREEN
STREET ADDRESS	2270 S. RIDGEWOOD AVE.
CITY-ST-ZIP	S. DAYTONA FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I declare to certify that the information supplied with this filing is voluntarily furnished and that I am equally liable for the description stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on block 12 or block 13 of this report, or on an attachment with an address.

SIGNATURE: *James Hackett* 2-17-95 904-761-2590
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR