

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 1:55

DOCUMENT # J77836

(1)

1. Corporation Name

J S DOROSK, INC.

Principal Place of Business

Mailing Address

3490 CLARK RD
SARASOTA FL 34231

3490 CLARK RD
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/12/1987

3a. Date of Last Report

03/07/1994

2. Principal Place of Business

2a. Mailing Address

21 5690 SARAH AVENUE

26 5690 SARAH AVENUE

4. FEI Number

59-2813800

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

FL

28 City & State

FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOROSK, JOHN, C
3490 CLARK RD
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5690 SARAH AVENUE

83

84 City

SARASOTA

FL

85 Zip Code

34233

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

John C Dorosk

(NOTE: Registered Agent signature required when re-registering)

1-15-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

DVP
DOROSK, JOHN C.

STREET ADDRESS

3490 CLARK RD

CITY - ST - ZIP

SARASOTA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

5690 SARAH AVENUE
SARASOTA FL 34233

☒ Change ☐ Addition

TITLE

NAME

DPS
DOROSK, SHEILA K.

STREET ADDRESS

3490 CLARK RD

CITY - ST - ZIP

SARASOTA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

5690 SARAH AVENUE
SARASOTA FL 34233

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

John C Dorosk

John C Dorosk

1-15-95

813-923-6587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number