

REMARK: NOTICE: CORPORATION WILL BE DISQUALIFIED ON 05 AFTER AUGUST 5, 1999.
AMOUNT DUE ON OR BEFORE 0505: DUES OF MEMBERS, DIVIDEND AMOUNT DUE TO MEMBERS: 0000

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J88350

(0)

1. Corporation Name

DOBY'S INC.

FILED

95 JUL 25 AM 8:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

100 NORTH BEACH ST.
DAYTONA BEACH FL 32114

Mailing Address

100 NORTH BEACH ST.
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/19/1987

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2829785

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

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country

9. Name and Address of Current Registered Agent

SPELL, JAMES R.
100 NORTH BEACH STREET
DAYTONA BEACH FL 32114

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
SPELL, JAMES R.
100 N. BEACH ST.
DAYTONA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VTD
ROSSETTER, A. KENT
47 SYCAMORE CIR.
ORMOND BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
ROSSETTER, MARGUERITE D.
47 SYCAMORE CIR.
ORMOND BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I 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 submitted 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 AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DATE

Daytime Phone #