

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K16066

(8)

1. Corporation Name

FIELDER'S CHOICE INC.

Principal Place of Business

**% DONNA S. DUGAN
367 NW 35TH PLACE
BOCA RATON FL 33431**

Mailing Address

**% DONNA S. DUGAN
367 NW 35TH PLACE
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1988

3a. Date of Last Report

06/21/1994

4. FEI Number

65-0047661

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Exemption from Payment of
Franchise Fee

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for interstate tax under s. 193.012
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt # etc

State Apt # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUGAN, DONNA S.
367 NW 35TH PLACE
BOCA RATON FL 33431**

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 of Registered Agent or Third-Party Agent)

(Signature of Registered Agent or Third-Party Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
DUGAN, DONNA S.
367 NW 35TH PLACE
BOCA RATON FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**V
DUGAN, WILLIAM P.III
367 NW 35 PLACE
BOCA RATON FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**ST
DUGAN, TRACEY ANN
367 NW 35 PLACE
BOCA RATON FL**

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

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or assignee to succeed the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this form. I declare under penalty of perjury that the information is true and correct.

SIGNATURE:

Donna Dugan **DONNA DUGAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/0/95

407-394-7262

(CORP-1100-1)

CR2E034 (3/95)