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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90017 042 ***150.00

DOCUI 1. Corporation	MENT # L50977							
DOLL CO	INSTRUCTION, INC.							
		•						
Principal Place	of Business	Mailing Addres	SS				1911 61611 61811 61	61) 61611 1461
PO BOX 4200 2 Kissimmee FL : Us		PO BOX 4200 2 KISSIMMEE FL US				DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
2. Data store D	lace of Business	2a. Mailing Ad	droce			02/13/1990 4. FEI Number		lied For
	• •			24		59-3006029		Applicable
Suite, Apt.	* 42 <u>0024</u>	26 PO BO) Suite, Apt.	# 4200	<u></u>			\$8.75 A	
22	m, 610.	27	,, o.o.			5. Certifcate of Status Desired	Fee Red	
City & State	e	City & Stat	le		•	6. Election Campaign Financing	\$5.00	May Be
23 KISSIA	·	_ 28 KISSIMA	NEEF	<u>L</u>		Trust Fund Contribution	Added_to	•
Zip 24 34742	Country	Zip 29 34742-		Country O Country		This corporation owes the current year Interpretation Personal Property Tax.		ØÑo
	9. Name and Address of Current					10. Name and Address of New Registered	Agent	
PO E	L JR, RONALD DAVID BOX 4200 2A IMMEE FL 34742			81 Nan 82 Stre 83 84 City	DO et Addre q 5.		85 Zip C	
	·				<u> </u>	SSIMMER FL	<u> 347</u>	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Flo	orida Statutes,	, the above-nam	ea corpo	ration submits this statement for the purpose of	changing its	istored
agent. I a	egistered agent, or both, in the State of median familiar with, and accept the obligation	of Florida. Such cha ions of, Section 60:	ange was auth	nonzed by the co a Statutes.	proration	's board of directors. I hereby accept the appoi	intment as reg	isieieu
agent. I a	m familiar with, and accept the obligati	ions of, Section 60:	ange was auth 7.0505, Florida	a Statutes.	orporation	is board of directors. Thereby accept the appoint	ntment as reg	islered
agent. I a	m familiar with, and accept the obligate	t and title if applicable.	ange was auth 7.0505, Florida	a Statutes.	orporation	when reinstating)	illillent as reg	islered
agent. I a	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS	nge was autr 7.0505, Florid	a Statutes. egistered Agent signati	ure required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	illillent as reg	islered
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agent. I as SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI P DOLL, RONALD DAVID JR	t and title if applicable. D DIRECTORS	nge was autr 7.0505, Florid	a Statutes. egistered Agent signati 13. 1.1 TITLE 1.2 NAME	ure required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	RS IN 12
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14. Thereby 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 on an attachment with an address, withyell other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

REWALD D. DOLL JR 3/28/94 407/396-880

Change

☐ Addition