

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **L53899** (5)

To: Corporation Name

TONY DODD, INC.

1995-1713:17

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O RICHARD JACUSZTYN
5100 N W 33RD AVENUE #240
FT LAUDERDALE FL 33309

C/O RICHARD JACUSZTYN
5100 N W 33RD AVENUE #240
FT LAUDERDALE FL 33309

PLEASE WRITE IN THIS SPACE

2. First Date of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. 7/1/95		2a. 701 EAST COMMUNIST ST		02/26/1990	06/01/1994
22. State: FL		26. State: FL		4. FID Number	Applied For / Not Applicable
23. City: Ft Lauderdale		27. City: Ft Lauderdale		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. 33334		28. 33334 FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. 1994		29. 33334 FL		7. This corporation has applied for and received the order of the Florida Statutes	Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DODD, TONY
5100-NW-33-AVE-240-
FT. LAUDERDALE FL 33309

81. Name

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

83.

84. City

FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address above stated, and that the corporation was authorized by the corporation's board of directors, officers, and the applicant as registered agent, to do so, and that the corporation is in compliance with the provisions of Chapter 217, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

12. OFFICERS AND DIRECTORS

1. NAME	PD DODD, TONY
2. STREET ADDRESS	5100-NW-33RD-AVE-240-
3. CITY	FT LAUDERDALE FL
4. NAME	
5. STREET ADDRESS	
6. CITY	
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME		☒ Change ☐ Addition
2. STREET ADDRESS		
3. CITY		
4. NAME		☐ Change ☐ Addition
5. STREET ADDRESS		
6. CITY		
7. NAME		☐ Change ☐ Addition
8. STREET ADDRESS		
9. CITY		
10. NAME		☐ Change ☐ Addition
11. STREET ADDRESS		
12. CITY		
13. NAME		☐ Change ☐ Addition
14. STREET ADDRESS		
15. CITY		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 217.01(2)(b), Florida Statutes. I further certify that the information is not used for the annual report or supplemental annual report in any and all states and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the manager or trustee engaged to do so, and that this report is required by Chapter 217, Florida Statutes, and that my name appears on the filing of this report as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR