

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L59401 (4)

1. Corporation Name

TODD DOLOMITE, INCORPORATED



Principal Place of Business

Mailing Address

% RICHARD L TODD
STAR ROUTE 1 BOX 160 COUNTY RD 30
PORT ST JOE FL 32456

% RICHARD L TODD
STAR ROUTE 1 BOX 160 COUNTY RD 30
PORT ST JOE FL 32456

3. Date Incorporated or Qualified
03/22/1990

3a. Date of Last Report
06/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3001176

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TODD, RICHARD L.
STAR ROUTE 1 BOX 160 COUNTY RD 30
PORT ST JOE FL 32456

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TODD, THOMAS M	
STREET ADDRESS	104-D COUNTY RD 30	
CITY- ST- ZIP	PORT ST JOE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TODD, RICHARD L	
STREET ADDRESS	S R 1 BOX 160	
CITY- ST- ZIP	PORT ST JOE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TODD, DONNA L	
STREET ADDRESS	S R 1 BOX 160	
CITY- ST- ZIP	PORT ST JOE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TODD, E MARIE	
STREET ADDRESS	104-D COUNTY RD 30	
CITY- ST- ZIP	PORT ST JOE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 119.07(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 checked, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Todd

3-1-96

229-8397

Date

Daytime Phone #

CR2E034 (12/95)