

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:43

DOCUMENT # M69892

(1)

1. Corporation Name

THE DORVAL COMPANY

Principal Place of Business

C/O FLORIDA-LAWDOCK, INC
222 LAKEVIEW AVE 4TH FLR
LAKE WORTH FL 33401
US

Mailing Address

C/O WILLIAM D. MCEACHERN
515 N FLAGLER DR
W. PALM BEACH FL 33401-4321
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1988

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0031690

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. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt., etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. 222 Lakeview Avenue

27. Fourth Floor

28. West Palm Beach, FL

29. 33401

30. USA

9. Name and Address of Current Registered Agent

FLORIDA-LAWDOCK INC
222 LAKEVIEW AVE 4TH FLR
WEST PALM BEACH FL 33401

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 must be printed name. Registered agent must file original)

(Print Name of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

1. NAME
D STEVENS, WILLIAM J.
2. ADDRESS
7522 HAZELWOOD CIRCLE
3. CITY
LAKE WORTH FL
4. STATE
5. ZIP
6. COUNTRY
7. TITLE
8. NAME
9. ADDRESS
10. CITY
11. STATE
12. ZIP
13. COUNTRY
14. TITLE
15. NAME
16. ADDRESS
17. CITY
18. STATE
19. ZIP
20. COUNTRY

William J. Stevens
4575 Barclay Crescent
Lake Worth FL 33463

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY- ST- ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY- ST- ZIP

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 110.07(1)(b), 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. If 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 on Block 12 or Block 13, I have signed, or caused to be signed, with my address.

SIGNATURE:

William J. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/95 439-7772
Date Signature