

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M75301

(5)

1. Corporation Name

DOCKS AND LIFTS, INC.

Principal Place of Business

**15775 PINE RIDGE RD.
FT. MYERS FL 33908
US**

Mailing Address

**15775 PINE RIDGE ROAD
FT. MYERS FL 33908
US**

**APPROVED
AND
FILED**

95 FEB 27 PM 3:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/05/1988	3a. Date of Last Report 01/26/1994
4. FEI Number 65-0078036	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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**KELLY, TIM A
15775 PINE RIDGE RD.
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

NOTE: Registered Agent signature required when resigning

(M)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	KELLY, TIM A	12 NAME	
STREET ADDRESS	15775 PINE RIDGE RD.	13 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	14 CITY - ST - ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	KELLY, DANNY M.	22 NAME	
STREET ADDRESS	15775 PINE RIDGE RD.	23 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	24 CITY - ST - ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	SALO, DAVID B	32 NAME	
STREET ADDRESS	15775 PINE RIDGE RD.	33 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 119.01(2)(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 147, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/95 813 466 7575