

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 AM 8:56

DOCUMENT # M91936 (8)

1. Corporation Name

R. V. BROKERS, INC.

Principal Place of Business

**% DALE DONOHUE
1251 W. NINE MILE RD.
PENSACOLA FL 32534**

Mailing Address

**% DALE DONOHUE
1251 W. NINE MILE RD.
PENSACOLA FL 32534**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/01/1988** 3a. Date of Last Report **01/27/1994**

4. FEI Number **59-2895373** 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

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**DONOHUE, DALE
1251 NINE MILE ROAD
PENSACOLA FL 32514**

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, typed or printed name of registered agent and new registered agent

(Not to be completed by registered agent or new registered agent unless required by law)

(Not to be completed by registered agent or new registered agent unless required by law)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
DONOHUE, DALE
5620 TRAFALGAR DR
PENSACOLA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
TAYLOR, FRANCES M.
6213 E. SHORE DRIVE
PENSACOLA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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 190.032 (up) and that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall appear on the same to certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 1997, Florida Statutes, as 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

DALE DONOHUE

Date

1-9-95

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21 Sub Apts # etc

22 City & State

23 Zip

24

2a. Mailing Address

26 Sub Apts # etc

27 City & State

28 Zip

29

Country

30

Country

Country

Country

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PENSACOLA FL 32514

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81 Name

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

83

84 City

FL

85

Zip Code

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SIGNATURE

(Signature, typed or printed name of registered agent and then if applicable)

(Signature, typed or printed name of registered agent and then if applicable)

(Signature)

12. OFFICERS AND DIRECTORS

1. TITLE D
NAME DONOHUE, DALE
STREET ADDRESS 5620 TRAFALGAR DR
CITY ST ZIP PENSACOLA FL

2. TITLE D
NAME TAYLOR, FRANCES M.
STREET ADDRESS 6213 E. SHORE DRIVE
CITY ST ZIP PENSACOLA FL

3. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE ☐ Change ☐ 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 110.07, Florida Statutes. I further certify that the information indicated on this annual report or supplemented annual report is true and accurate and that my signature shall have the same legal effect and make me liable only that I am an officer or director of the corporation or this officer or director 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.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

DALE DONOHUE

Resident 1-9-95 4798312

Date

(Signature)