

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 22 AM 8: 50

DOCUMENT # M92568

(8)

1. Corporation Name

DO IT ENTERPRISES, INC.

Principal Place of Business

12707 SUGAR CREEK BLVD  
HUDSON FL 34669

Mailing Address

12707 SUGAR CREEK BLVD  
HUDSON FL 34669

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>08/04/1988                                                                                                                | 3a. Date of Last Report<br>05/01/1994 |
| 4. FEI Number<br>59-2804111                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 189.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 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

MARTIN, MARIE  
5331 COMMERCIAL WAY, SUITE 112  
STE 106  
SPRING HILL FL 34608

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME STANJESKI, LAURA  
STREET ADDRESS 12707 SUGAR CREEK BLVD.  
CITY - ST - ZIP HUDSON, FL

TITLE VTD  
NAME STANJESKI, MICHAEL  
STREET ADDRESS 12707 SUGAR CREEK BLVD  
CITY - ST - ZIP HUDSON FL

TITLE D  
NAME MARTIN, MARIE  
STREET ADDRESS 5280 DELTONA BLVD.  
CITY - ST - ZIP SPRING HILL FL

TITLE S  
NAME STANJESKI, LAURA  
STREET ADDRESS 12707 SUGAR CREEK BLVD.  
CITY - ST - ZIP HUDSON FL

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 ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

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

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

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

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

61 TITLE ☐ Change ☐ Addition  
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 110.07(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 changed, or on an attachment with an address.

SIGNATURE: *Michael Stanyard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-95 8/13 8561660  
Date Daytime Phone #