

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. McARTHUR
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # N44093 (5)

1. Corporation Name

DABAR & ASSOCIATES, INC.

95 MAY - 1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

245 HOPSON RD
FROSTPROOF FL 33843
US

170 MIRACLE PL
FROSTPROOF FL 33843
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
06/24/1991

3a. Date of Last Report
05/01/1994

4. FEI Number
NOT APPLICABLE

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible taxes under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Dabar & Ass., Inc.

26. POB 6

22. 245 Hopson Rd.

27. Suite, Apt. #, etc.

23. Frostproof, FL

28. Frostproof, FL

24. 33843

29. 33843

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, JAMES C.
170 MIRACLE PLACE
FROSTPROOF FL 33843

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 607.0403 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, under 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 607.0509, Florida Statutes.

SIGNATURE

James C. Nelson

425-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	D
NAME	NELSON, JAMES C.
STREET ADDRESS	170 MIRACLE PLACE
CITY, ST, ZIP	FROSTPROOF FL
TITLE	D
NAME	JOHNSON, OSSIE
STREET ADDRESS	245 HOPSON RD.
CITY, ST, ZIP	FROSTPROOF FL
TITLE	D
NAME	NELSON, PATRICIA A.
STREET ADDRESS	170 MIRACLE PLACE
CITY, ST, ZIP	FROSTPROOF FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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)(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 officer or director empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE

James C. Nelson
JAMES C. NELSON

425-95

Date

Signature Number