## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000017148

JIM DORAN ENTERPRISES, INC.

Principal Place	e of Business	Ma	illing Address	<del></del>					(1) <b>68</b> ()) <b>66</b> (6) (	1985) 1 <b>868</b> ) 1185)	91981 (B)( 198)
1338 DEL PRADO BLVD.		150	1500 COLONIAL BLVD								
CAPE CORAL FL 33904			SUITE 103				DO NOT WRITE IN THIS SPACE				
US			FT MYERS FL 33907					3. Date Incorporated or Qualifed			
								03/01/1993			1
2 Principal P	lace of Business	2a.	Mailing Address		—-			4. FEI Number		Ar	plied For
<b>-</b>	lace of Eddinoss	26	maning / to zero o					58-2043300		No	t Applicable
Suite, Apt.	#. etc.	201	Suite, Apt. #, etc.							\$8.75	Additional
22		27						5. Certificate of Status Desired		Fee Re	quired .
City & Stat	e		City & State		_			6. Election Campaign Financing		\$5.00	May Be
23	·	28						Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country		Zip	Cou	ntry			8. This corporation owes the curr	ent year Int		No
24	25	29		30				Personal Property Tax.		Yes	INO
	9. Name and Address of Curre	ent Regist	tered Agent		81	Name		10. Name and Address of New F	tegisterea_	Agent	
MILL	JGAN, JOHN P JR.			'	•	Name	,				
	COLONIAL BLVD				82	Stree	t Addres	ss (P.O. Box Number is Not Accepta	ble)		
	E 103				83						
	NYERS FL 33907				63						•
, , ,	III EIIO I E 00557				84	City			FI	85 Zip	Code
	to the provisions of Sections 607.05		2 4500 FL :4- OLL	1 - 4 - m			d ======	roller submits this statement for the		changing its	registered
office or r	registered agent, or both, in the Stati	e of Florid	ia. Such change was a	authorized	Dy 1	tne cor	poration	i's board of directors. I hereby accep	t the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the oblig	gations of,	Section 607.0505, Fk	orida Stati	ıtes.						
SIGNATURE	Sharehan hand or existed some of registered as	nout and little it	f applicable (NOT)	F: Registered	Agent	t signature	required y	when reinstating)	DATE		
	Signature, typed or printed name of registered ag			E: Registered	Agent	t signature	required v	when reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE					_ <del>~</del>	t signature	required v			ID DIRECTO	DRS IN 12
12.	OFFICERS A		CTORS	13.	LE	t signature	prequired v				
12. TITLE NAME	D DORAN, JIM		CTORS	13. 1.1 TI 1.2 N/	LE ME	t signature					
12. TITLE NAME STREET ADDRESS	D DORAN, JIM		CTORS	13. 1.1 TI 1.2 N/ 1.3 ST	LE ME	ADDRESS					
12. TITLE NAME	OFFICERS A D DORAN, JIM 2516 OVERLOOK DR		CTORS	13. 1.1 TI 1.2 N/ 1.3 ST	ILE IME REET	ADDRESS					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D DORAN, JIM 2516 OVERLOOK DR		CTORS  DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	LE ME REET IY-ST	ADDRESS				☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/	ILE IME REET IY-ST ILE IME	ADDRESS	6			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST	ILE  REET  IY-ST  ILE  IME  REET	ADDRESS	6	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST	TLE  ME  REET  TY-ST  LE  ME  REET  TY-S'	ADDRESS I-ZIP ADDRESS	6		FICERS AN	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C	TLE  ME  REET  TY-ST  LE  ME  REET  TY-S'	ADDRESS I-ZIP ADDRESS	6	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C - 3.1 TT 3.2 NV	ME REET TY-ST LE REET TY-S TTY-S TLE	ADDRESS I-ZIP ADDRESS	6	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 CC - 3.1 TT 3.2 NV 3.3 ST	ILE  ME  REET  IY-ST  LE  ME  REET  TY-S'  ILE  REET  REET	ADDRESS I-ZIP ADDRESS I-ZIP	6	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 CC - 3.1 TT 3.2 NV 3.3 ST	TLE  REET TY-ST TLE  ME TY-S' TLE  REET TY-S' TLE  REET TY-S'	ADDRESS T-ZIP TADORESS T-ZIP TADORESS T-ZIP	6	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C - 3.1 TT 3.2 NV 3.3 ST 3.4. C	TLE TY-ST TLE TY-ST TLE TY-S' TLE TY-S' TLE TY-S' TLE TY-S' TLE	ADDRESS T-ZIP TADORESS T-ZIP TADORESS T-ZIP	6	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV	LE REET TY-ST LE ME REET TY-S' TLE ME REET TY-S' TLE AME	ADDRESS T-ZIP TADORESS T-ZIP TADORESS T-ZIP	6	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE  DELETE  DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 .C 4.1 TT 4.2 N/ 4.3 ST	LE REET TY-ST LE ME REET TY-S' TLE ME REET TY-S' TLE AME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	6	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
12. 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 STREET ADDRESS STREET ADDRESS	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT	ME REET TY-ST TLE ME REET TY-ST TLE AME REET TY-S TLE AME REET TY-S TLE	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	6	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 CC - 3.1 TT 3.2 NV 3.3 ST 3.4 .C 4.1 TT 4.2 NV 4.3 ST 4.4 CC 5.1 TT 5.2 NV	ILE  ME  REET  TY-ST  LE  ME  REET  TY-S'  LE  ME  REET  TY-SI  LE  ME  REET  TY-SI  LE  ME  ME  REET  TY-SI  LE  ME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	5 5 5	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE  DELETE  DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 .C 4.1 TT 4.2 N/ 4.3 ST 4.4 CT 5.1 TT 5.2 N/ 5.3 ST	TLE REET TY-ST LE ME REET TY-S LE ME REET TY-S LE AME REET TY-S LE ME REET TY-SI LE ME REET TY-SI LE ME REET TY-SI	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	5 5 5	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI	TLE REET TY-ST LE REET TY-S LE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	5 5 5	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI 6.1 TT	TLE  ME  REET  TLE  ME  REET  TLE  ME  REET  TLE  ME  REET  TY-SI  TLE  ME  TY-SI  TLE  TY-SI  TLE  TY-SI  TLE  TY-SI  TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	5 5 5	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D DORAN, JIM 2516 OVERLOOK DR GERMANTOWN TN 38138		CTORS  DELETE  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI 6.2 NN	ILE ME REET T'LE ME REET TY-S' ILE ME REET TY-S'	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	5 5 5 5	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90034 023 \*\*\*150.00