

**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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061082 (2)

1. Corporation Name

CAROL E. DOZIER, C.P.A., P.A.

FILED

95 AUG -7 AM 11:14

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business
**418 COUNTY ROAD 25
LADY LAKE FL 32159**

Mailing Address
**PO BOX 1400
LADY LAKE FL 32158-1400
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/27/1993	3a. Date of Last Report 06/09/1994
4. FEI Number 59-3201498	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. 199.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 428 County Road 25	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent MILLBORN, MICHAEL D 418 COUNTY ROAD 25 LADY LAKE FL 32159	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>01 Name</td> <td></td> </tr> <tr> <td>02 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>03</td> <td></td> </tr> <tr> <td>04 City</td> <td>05 Zip Code FL</td> </tr> </table>	01 Name		02 Street Address (P.O. Box Number is Not Acceptable)		03		04 City	05 Zip Code FL
01 Name									
02 Street Address (P.O. Box Number is Not Acceptable)									
03									
04 City	05 Zip Code FL								

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 *Carol E. Dozier* (Signature of registered agent and tax filer) DATE _____ (NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	D DOZIER, CAROL E 418 COUNTY ROAD 25 LADY LAKE FL 32159	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	☒ Change ☐ Addition 428 County Road 25
TITLE NAME STREET ADDRESS CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	☐ Change ☐ Addition

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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol E. Dozier* **06/06/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

CR2E034 (3/95)