

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---

APPROVED
AND
FILED

MAY - 1 PM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076822 (4)
1. Corporation Name DORMAC, INC.

Principal Place of Business 3003 E BUSCH BLVD TAMPA FL 33612	Mailing Address 3003 E BUSCH BLVD TAMPA FL 33612
--	--

DO NOT WRITE IN THIS SPACE

2. Previous Fiscal Year 21	2a. Mailing Address 26
State - Apt. # etc. 22	State - Apt. # etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 11/05/1993	3a. Date of Last Report 04/25/1994
4. FEI Number 59-3203898	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 Fee
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent MCINDOE, RONDA 3003 E BUSCH BLVD TAMPA FL 33612	
---	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME D MCINDOE, RONDA 3003 E BUSCH BLVD TAMPA FL 33612		1.1 NAME ☐ Change ☐ Addition	
NAME D MCINDOE, M. DOUGLAS 3003 E BUSCH BLVD TAMPA FL 33612		1.2 NAME ☐ Change ☐ Addition	
NAME D MCINDOE, LISA 3003 E BUSCH BLVD. TAMPA FL		1.3 STREET ADDRESS ☐ Change ☐ Addition	
		1.4 CITY- ST- ZIP ☐ Change ☐ Addition	
		1.5 NAME ☐ Change ☐ Addition	
		1.6 NAME ☐ Change ☐ Addition	
		1.7 NAME ☐ Change ☐ Addition	
		1.8 NAME ☐ Change ☐ Addition	
		1.9 NAME ☐ Change ☐ Addition	
		1.10 NAME ☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemptions stated in Sections 11.4 (2) (b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 person or persons empowered to execute this report as required by Chapter 110, Florida Statutes, and that my name appears on this filing or block of filings stamped or otherwise marked with an address.

SIGNATURE: ** Lisa J. McIndoe*

 Lisa J. McIndoe

** 4-28-95* 988-5491