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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 05 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000076822 (4)

DORMAC, INC.

					<u> </u>
Principal Place of Business Mailing Address			<del></del>		. <b>30</b> /61
3003 E BUSCH BLVD TAMPA FL 33612 33612 TAMPA FL 33612-8733					
				3. Date Incorporated or Qualified 11/05/1993	3a. Date of Last Report 08/05/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# elc	26   Suite, Apt. #, etc.		59-3203898	Not Applicable  \$8.75 Additional
22		27	•	5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No
67]	9. Name and Address of Cur		30	10. Name and Address of New Re	
MCINDOE, RONDA  81 Name A R LAPET JR					
3003 E BUSCH BLVD			82 Strete Ad	dress (P.O. Box Nymber is Not Acceptate	1 the 2 000
TAMPA FL 33612			83	OU CYPRESS S	1 + 500
			63		
			84 City	AM PA	FL 85 799607
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1500, Florida Statut	es, the above-named co	propration submits this statement for the p	
11. Pursuant to the provisions of Sections 607.0502 and 607.1503. 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 or inge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familian with, any accept the oblightions of, Section 647.0505, Florida Statutes.					
SIGNATURE (III I I I I I I I I I I I I I I I I I					
Signature, typicd or printed nance of registered a print end of applied in (NOTE Registered Agen's signature required whon reinstating) DATE  12. OFFICERS AND DIRECTORS IN 12					
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MCINDOE, RONDA		1.2 NAME		
STREET ADDRESS	3003 E BUSCH BLVD		1.3 STREET ADDRESS		•
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY-ST-ZIP		
TITLE	D MCINDOE, M. DOUGLAS	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME Street Address	3003 E BUSCH BLVD		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE.		Change Addition
NAME	MCINDOE, LISA		3.2 NAME		
STREET ADDRESS	3003 E BUSCH BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	DELETE	3.4 CITY-ST-7IP		Chance Laddisco
TITLE NAME		ריין הנרנונ	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S1 - ZIP 6 1 TITLE		Change Addition
NAME		L. JOERET	6.2 NAME		TT CHOUNG TT MOUNT
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filling 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 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.					
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