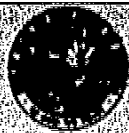


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:56**

DOCUMENT # P94000010651 (5)

1. Corporation Name

WAIN-DORIE ENTERPRISES, INC.

Principal Place of Business

**14500-1 SUMMERLIN TRACE CT.
FT. MYERS FL 33919**

Mailing Address

**14500-1 SUMMERLIN TRACE CT.
FT. MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

4. FEI Number

65-0469598

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DORY, JOHN WILLIAM
14500-1 SUMMERLIN TRACE CT.
FT. MYERS FL 33919**

81 Name

DORY, DIXIE L.

82 Street Address (P.O. Box Number is Not Acceptable)

14500-1 SUMMERLIN TRACE CT

83

84 City

FT. MYERS

FL

85

Zip Code

33919

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

Dixie P. Dory

(Signature of Registered Agent (printed name of registered agent) and the 7 supervisor)

(NOTE: Registered Agent signature required when registering)

3/27/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	WAINSCOTT, ROBERT
STREET ADDRESS	1755 INLET DR.
CITY, ST, ZIP	NORTH FT. MYERS FL 33903
TITLE	D
NAME	DORY, JOHN W
STREET ADDRESS	14500-1 SUMMERLIN TRACE CT.
CITY, ST, ZIP	FT. MYERS FL 33919
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	
CITY, ST, ZIP	

11 TITLE	☒ Change ☐ Addition
12 NAME	DORY, DIXIE L.
13 STREET ADDRESS	14500-1 SUMMERLIN TRACE CT.
14 CITY, ST, ZIP	FT. MYER FL 33919
21 TITLE	☒ Change ☐ Addition
22 NAME	DELETE
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 a statement with an add-on.

SIGNATURE:

Dixie P. Dory, Director
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

3/27/95

(813) 334-0988