CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
14500-1 SUMMERLIN TRACE CT. FT. MYERS FL 33919	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:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0469598 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 L. Dory 3/27/95
(Signature required when name of registered agent is changed by this statement) (NOTE: Registered Agent signature required when reinstated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WAINSCOTT, ROBERT 1755 INLET DR. NORTH FT. MYERS FL 33903	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition D DORY, DIXIE L. 14500-1 SUMMERLIN TRACE CT. FT. MYERA FL 33919
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DORY, JOHN W 14500-1 SUMMERLIN TRACE CT. FT. MYERS FL 33919	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☒ Change ☐ Addition DELETE
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 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 addition.

SIGNATURE: Dixie L. Dory Director 3/27/95 (813) 334-0988
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

040000 FP