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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000014258 (5)**

1. Corporation Name
DOOZER CONSTRUCTION, INC.

Principal Place of Business
**491 NW CONOVER ST
PORT ST LUCIE FL 34983**

Mailing Address
**491 NW CONOVER ST
PORT ST LUCIE FL 34983-8646**



2. Principal Place of Business	2a. Mailing Address
21 5693 NWN Macedo Blvd	26 5693 NWN Macedo Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Port St Lucie FL	28 Port St Lucie FL
24 34983	29 34983
25 Country	30 Country

3. Date Incorporated or Qualified 02/17/1994	3a. Date of Last Report 02/26/1996
4. FEI Number 65-0473971	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	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LENOFF, BYRON 491 NW CONOVER ST PORT ST LUCIE FL 34983		81 Name Lenoff Byron	82 Street Address (P.O. Box Number is Not Acceptable) 5693 NWN Macedo Blvd
		83 City Port St Lucie	84 State FL
		85 Zip Code 34983	

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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LENOFF, BYRON S	1.2 NAME	600002216546--2
STREET ADDRESS	491 NW CONOVER ST	1.3 STREET ADDRESS	-06/18/97--01114--018
CITY-ST-ZIP	PORT ST LUCIE FL 34983	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	INMAN, JOE	2.2 NAME	VP Sec. Treas.
STREET ADDRESS	3580 N SELVITZ ST	2.3 STREET ADDRESS	Helen Lenoff
CITY-ST-ZIP	PORT ST LUCIE FL 34983	2.4 CITY-ST-ZIP	5693 NWN Macedo Blvd
TITLE	☐ DELETE	3.1 TITLE	Port St Lucie FL 34983
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
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		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
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 filing 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.

SIGNATURE: *RONALD L. ...* 561 1-12-97 636-1113

CR2E034 (9/96)

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June 11, 1997
Doozer Construction, Inc.
5693 N.W. North Macedo Blvd.
Port St. Lucie, Fl. 34983

Division of Corp.
Annual Reports Section
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To whom it may concern;

This is to inform you
that I have moved twice
since Feb. and my mail
has been not getting
to me. I did not receive
my copy of the Profit
Corporation Annual Report
until yesterday so as
you can see it was
impossible for me to make