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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000065422 (5)

1. Corporation Name
DORCAS' DOOR, INC.

Principal Place of Business
599-E SHERWOOD AVE
SATELLITE BEACH FL 32937

Mailing Address
PO BOX 372126
SATELLITE BEACH FL 32937-0126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/06/1994 3a. Date of Last Report N/A

4. FEI Number EIN 59-3290001 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ No \$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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

REID, KATHERINE P
599-E SHERWOOD AVE
SATELLITE BEACH FL 32937

10. Name and Address of Now Registered Agent

81 Name

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

83

84 City

FL

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

Signature (typed or printed name of registered agent and the applicant)

KATHERINE P. REID 5-8-95

(NOTE: Registered Agent's signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP
61 TITLE	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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathrine P. Reid 02/04/1995 (407) 7771833

Date

Signature Number