

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000071439 (1)

1. Corporation Name

DORA INVESTMENT COMPANY

Principal Place of Business

Mailing Address

400 FIFTH AVE. SOUTH
SUITE 304
NAPLES FL 33940
US

400 FIFTH AVENUE SOUTH
SUITE 304
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1994

4. FEI Number

65-0531111

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 34102

25

29 34102

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WENDY W MOORE
1800 GALLEON DR
SUITE 105
NAPLES FL 34102

81 Name

John S. Moore

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

1800 Galleon Drive

83

84 City

Naples

FL

85 Zip Code

34102

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

John S. Moore

John S. Moore

President

2/26/98

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 PTD ☒ DELETE
NAME MOORE, WENDY W
STREET ADDRESS 1800 GALLEON DRIVE
CITY-ST-ZIP NAPLES FL

1.1 TITLE PT D ☐ Change ☒ Addition
1.2 NAME MOORE, JOHN S.
1.3 STREET ADDRESS 1800 Galleon Drive
1.4 CITY-ST-ZIP Naples, FL 34102

TITLE VD ☒ DELETE
NAME WATERMAN, JR A PORTER
STREET ADDRESS LOWER HOLLOW RD
CITY-ST-ZIP DORSETT VT

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME MOORE, DANA H.
2.3 STREET ADDRESS 10 Liberty Ship Way #4136
2.4 CITY-ST-ZIP Sausalito, CA 94965

TITLE VD ☐ DELETE
NAME KELLER, SANDRA W
STREET ADDRESS 4481 WELD COUNTY ROAD, #31
CITY-ST-ZIP FORT LUPTON CO

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME MOORE, LEEANN
STREET ADDRESS 1334 SOUTH YORK ST
CITY-ST-ZIP DENVER CO

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME Moore, LeeAnn
4.3 STREET ADDRESS 1334 South York St.
4.4 CITY-ST-ZIP Denver, CO 80210

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

John S. Moore

President

2/26/98

(941) 261-0567

CF2E034 (10/97)