

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

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000071663 (6)**  
 1. Corporation Name  
**C. JEF DOERRE', INC.**



Principal Place of Business <b>1429 BYRON ROAD FORT MYERS FL 33919</b>	Mailing Address <b>1429 BYRON ROAD FORT MYERS FL 33919-1054</b>
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2. Principal Place of Business 21 <b>8820 WOODGATE DR.</b>		2a. Mailing Address 26 <b>8820 WOODGATE DR.</b>		3. Date Incorporated or Qualified <b>09/26/1994</b>	3a. Date of Last Report <b>06/19/1996</b>
22 City & State 23 <b>FT. MYERS, FL 33908</b>		27 City & State 28 <b>FT MYERS, FL 33908</b>		4. FEI Number <b>65-0525482</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24 <b>33908</b> 25 <b>LEE</b>		29 <b>33908</b> 30 <b>LEE</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>FT. MYERS, FL 33908</b>		28 <b>FT MYERS, FL 33908</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33908</b> 25 <b>LEE</b>		29 <b>33908</b> 30 <b>LEE</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DOERRE', CARL JEFFREY 1429 BYRON ROAD FORT MYERS FL 33919</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DORRE', CARL JEFFREY</b>		1.2 NAME		
STREET ADDRESS	<b>1429 BYRON ROAD</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DORRE', CARL JEFFREY</b>		2.2 NAME		
STREET ADDRESS	<b>1429 BYRON ROAD</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: \_\_\_\_\_ DATE: **4/28/97**

CR2E034 (9/96)