FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000079649 (7)**

1. Corporation Name
DO WRIGHT ENTERPRISES OF MIAMI, INC.

500001478575
-05/08/95--01038--003
****213.75 ****213.75

Principal Place of Business	Mailing Address
18837 NW 79TH CT MIAMI FL 33015	18837 NW 79TH CT MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0531130** ☐ 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

WHITE, DONOVAN O
18837 NW 79TH CT
MIAMI FL 33015

10. Name and Address of New 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 _____ DATE
(Signature, typed or printed name of registered agent and the date of signature) (NOTE: Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	President ☐ Change ☒ Addition
NAME	WHITE, DONOVAN O	12 NAME	James R. WEIGHT.
STREET ADDRESS	18837 NW 79TH CT	13 STREET ADDRESS	18837 NW 79 CT.
CITY ST ZIP	MIAMI FL 33015	14 CITY ST ZIP	MIAMI. FL 33015
TITLE		21 TITLE	TREASURER ☐ Change ☒ Addition
NAME		22 NAME	Belinda Jones
STREET ADDRESS		23 STREET ADDRESS	7820 Arlington Expressway
CITY ST ZIP		24 CITY ST ZIP	Jacksonville, FL 32211
TITLE		31 TITLE	Secretary ☐ Change ☒ Addition
NAME		32 NAME	CLA White
STREET ADDRESS		33 STREET ADDRESS	18837 NW 79 CT.
CITY ST ZIP		34 CITY ST ZIP	Miami FL 33015
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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 13 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: Donovan O. White 4-29-95 305 8296729
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000607 CP