FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

MAY 10 PM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088962 (3)

1. Corporate Name
DONCO ENTERPRISES, INC.

Principal Office
338 MARINER DRIVE
TARPON SPRINGS FL 34689

Mailing Address
338 MARINER DRIVE
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 12/07/1994
3a. Date of Last Report

2. Former Name
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24 25

2a. Mailing Address
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29 30

4. FEI Number: 59-3285773
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. The corporation has taken, or intends to take, S corporation status under S 1362, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FOOSE, DONALD S
338 MARINER DRIVE
TARPON SPRINGS FL 34689

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. For purposes of section 607.0505, 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. The name and address of the registered agent and the address of the registered office shall be identical to those stated in section 607.0501(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PST
FOOSE, DONALD S
338 MARINER DRIVE
TARPON SPRINGS FL 34689

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1994
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate, complete and does not qualify for the exemption stated in section 119.07(3)(h), Florida Statutes. I further certify that I am aware that the penalty for a false or incomplete annual report is fine and/or imprisonment as provided by section 607.0122, Florida Statutes, and that my signature shall have the same legal effect as if made under oath. I further certify 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 the facts stated herein are true. I understand that the filing of this report with incomplete, incorrect, or false information with the intent to deceive constitutes a felony of the third degree.

SIGNATURE: Donald S. Foose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD S FOOSE

4/18/95

(813)944-2296
DAYTIME PHONE NUMBER

0367080 CP