

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000007130 (4)**

1. Corporation Name

DOBOND FARMERS MARKET, INC.



Principal Place of Business

6002 S. DALE MABRY HWY.
TAMPA FL 33611

Mailing Address

6002 S. DALE MABRY HWY.
TAMPA FL 33611

3. Date Incorporated or Quisited
01/26/1995

3a. Date of Last Report

4. FEI Number
59-3299533

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 **6002 S. Dale Mabry Hwy**

2a. Mailing Address

26 **Same as above**

22 City & State

23 **Tampa, FL**

27 City & State

28 **Tampa, FL**

24 Zip

24 **33611**

25 County

25 **Hillsborough**

29 Zip

29 **33611**

30 County

30 **Hillsborough**

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DO, LIEN MY	
STREET ADDRESS	6002 S. DALE MABRY HWY.	
CITY, ST, ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DO, HUONG NGOC	
STREET ADDRESS	6002 S. DALE MABRY HWY.	
CITY, ST, ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUYNH, DU	
STREET ADDRESS	6002 S. DALE MABRY HWY.	
CITY, ST, ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	T/D
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	S/D
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	P/D
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. 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)(a), 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 registrar 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: **Huong Ngoc Do, HUONG NGOC DO**

3/10/96 (813)832-4455

CR2E034 (12/95)