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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000034357 (0)

FILED Feb 11 1997 8:00am Secretary of State

DORIS EAVES REALTY, INC. Principal Place of Business Mailing Address P.O. BOX 1184 VALRICO FL 33594 VALRICO FL 33594		1184			######################################	
				3. Date Incorporated or Qualified 04/27/1995	3a. Date of Last F 04/15/1996	Report
2. Principal Place of Bu	usiness A M E	20. Mailing Address	knell Drive	4. FEI Number 59-3313519		pptied For
Suite, Apt #, etc.	777.6	26 2441 BUCF Suite, Apt. #, etc		5. Certificate of Status Desired	····	ot Applicable Additional
22		27			Fee R	equired
City & State		City & State Valrica		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	^{Zip} 29 33594	Country 30 Hillsborough	8. This corporation has liability for		s. 199.032,
24 A Nam	25 me and Address of Current		30 TITISDOTOUGN	10. Name and Address of New Re	Yes No	·
VALRICO FL	•	2 and 607.1508, Florida	83 B4 City Statutes the shove named co	rporation submits this statement for the	FL '	Code
office or registered agent. I am familiar	agent, or both, in the State of with, and accept the obligation	of Florida. Such change itions of, Section 607.050	was authorized by the corpore 05, Florida Statutes.	rporation submits this statement for the pation's board of directors. I hereby acceptations	pt the appointment as	s registered
SIGNATURE Signature, typ	ped or printed name of registered agen	it and too if applicable	(NOTE: Registered Agent signature requ	juired when reinstating)	DATE	
SIGNATUPE Signature, typ		and the if applicable	(NOTE: Registered Agent signature requ		DATE CERS AND DIRECTO	RS IN 12
SIGNATURE Signature, tyr 12. TITLE D	ped or printed name of registered agen	it and too if applicable	INOTE. Registered Agent signature requ	juired when reinstating)	DATE	
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1. I do hereby certify that the information supplied with this filing does not qualify for the examption 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 in the coloration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my page appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale Da

Daytime Phone #