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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P95000051865 (0)

W.F. DORITY AND ASSOCIATES, INC. 0

FILED Apr 16 1998 8:00am Secretary of State



						} Jacilijaa ilia jarut cikil corit abah bolki bokat birok iligi lakka ahiji biri iligi
Principal Place of Business Mailing Address						n habithaar iisa nailah alkiti Addiri Addiri ankit ankit ankit ankit inahi indira altah alkit habit
1780 SHORE INDIALANTIC	VIEW DRIVE FL 32903	1790 SHORE VIEW DRI INDIALANTIC FL 32903	1790 SHORE VIEW DRIVE INDIALANTIC FL 32903			
						DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualified
9 Principal D	face of Business	2a. Mailing Address				06/30/1995 4. FEI Number Applied For
	idde of bosiness	<u>⊢</u>	<u>⊢</u> n			
21 Suite, Apt.	# olc	Suite Ant # etc	Suite, Apt. #, etc.			59-3326279 Not Applicable \$8.75 Additional
22	·	27	27			5. Certificate of Status Desired Fee Required
City & State	e	City & State	⊢			Election Campaign Financing \$5.00 May Be
Zip Country		7io	Zip Country			Trust Fund Contribution
24	25	29	30	ini y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No
241	9. Name and Address of Cu		1301			10. Name and Address of New Registered Agent
10	HINSON, ROBERT V			B1 Na	ame	
1492 AVOCADO AVENUE MELBOURNE FL 32835				82 Street Address (P.O. Box Number is Not Acceptable)		
ME		ļ	83			
			İ	84 Ci	ity	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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.		S AND DIRECTORS	13.	Agont any	inglo-b record	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 [1]	LE		☐ Change ☐ Addition
NAME	DORITY, WILLIAM F		1 2 NA	1 2 NAME		·
STREET ADDRESS	1790 SHORE VIEW DRIV	E	1.3 STI	REET ADDA	RESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	_	1.4 CIT	Y-ST-ZIP	,	
TITLE	STD	DELETE	2.1 TIT	LE		Change Addition
NAME	DORITY, EUNICE E		2.2 NA	ME		
STREET ADDRESS	1790 SHORE VIEW DRIV	EW DRIVE 2:		REET ADDF	RESS	
CITY-ST-ZIP	INDIALANTIC FL 32903		2.4 (0)	TY-\$T- Z (I	P	
TITLE		☐ DELETE 3.1		LE		Change Addition
NAME	321		3.2 NA	3.2 NAME		
STREET ADDRESS	3.3		3.3 STF	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CF	TY-ST-ZIF	م	
TITLE	☐ DELETE 4.1		4.1 TIT	LE		☐ Change ☐ Addition
NAME			4. 2 NA	AME	ļ	
STREET ADDRESS			4.3 \$16	REET AODF	iess	,
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	,	
TITLE		☐ DELETE	5.1 TIT	LE		Change L Addition
NAME			5.2 NA	ME	ŀ	
STREET ADDRESS			5.3 \$TF	REET ADDE	RESS	
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT	LE		☐ Change ☐ Addition
NAME			6.2 NA	ME		}
STREET ADDRESS			63 STF	REET ADDF	IESS	
CITY - ST - ZIP			6.4 CIT	Y-ST-ZIP		

indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Sec indicated on this annual report is true and accurate and that my signature si officer or director of the corporation or the receiver or trustee empowered to execute this peport as required Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WILLIAM P.