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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000063046 (3) DOCUMENT #

DOHRING ON LINE, INC. Principal Place of Business Mailing Address 518 NORTH TAMPA STREET 518 NORTH TAMPA STREET SUITE 300 SUITE 300 TAMPA FL 33602 TAMPA FL 33602 3. Date Incorporated or Qualified 3a. Date of Last Report 08/11/1995 N/A Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address, 65-0608362 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 e tax under s 199.032, 8. This corporation has liability for intangi Ζip Country Country Zio N/ Florida Statutes Yes No 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DOHRING, BRENDA J 82 Street Address (P.O. Box Number is Not Acceptable) **518 NORTH TAMPA STREET** 83 SUITE 300 **TAMPA FL 33602** 85 Zio Code 84 City 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 runsuant to the provisions of accounts controlled and controlled by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (IVOTE: Regulared Agent signature required when relistating) Signature, typed or ported hance of registered agent and they diagraheat it ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1 1 TITLE TITLE DOHRING, BRENDA J 1.2 NAME NAME 14117 LAKE MAGDALENE BLVD. 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** 1.4 CITY - ST- ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2 1 T!TLF TITLE 2.2 NAME NAMÉ 2.3 STREET ADDRESS STREET ADDRESS 24 CIFY ST-ZIP CITY-ST-ZIP [Change ☐ Addition DELETE. 3 1 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS. STREET ADDRESS 6.4 CITY - ST - ZIP 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)(k). 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 cath; 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 12 or Block 13 if changed, or an an attachment with an address

TPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Φ

SIGNATURE:

2-7-96 8/3.223.9/1/

CR2E034 (12/95)