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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000073680** (7)

MARITA ANN DORR, INC.

FILED
Jan 16 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address 353 \$ HWY 27/441 P.O. BOX 1737 LADY LAKE FL 32159 LADY LAKE FL 32158-1737 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 109 W. LAKEVIEW ST. 26 59-3346728 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DORR, MARITA A 1621 KILEY COURT 82 Street Address (P.O. Box Number is Not Acceptable) LADY LAKE FL 32159 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or privided name of registered agent and title it applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE DORR. MARITA A 1.2 NAME NAME 1621 KILEY COURT STREET ADDRESS 1.3 STREET ADDRESS LADY LAKE FL 32159 1.4 C(1Y - ST - Z(P CITY-ST-ZIP ☐ Change DELETE Addition 2.1 1111.6 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- 2IP DELETE Change Addition TITLE 3.1 JULE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- ST-ZIP CITY-ST-7# DITTE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7IP CITY-ST-ZIP Addition DELETE Change 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CRY-ST-7IP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption 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 of 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 on an attachment with an address.