

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080856 (4)

1. Corporation Name

FIDO, INC.



Principal Place of Business

14310 N DALE MABRY HWY
SUITE 260
TAMPA FL 33618

Mailing Address

14310 N DALE MABRY HWY
SUITE 260
TAMPA FL 33618

3. Date Incorporated or Qualified

10/18/1995

3a. Date of Last Report

4. FEI Number

15-0620238

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOMINGUEZ, TINA L
14310 N DALE MABRY HWY
SUITE 260
TAMPA FL 33618

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 607.1508, 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 typed on date of registration, if not typed on separate

Signature of Registered Agent required when recording

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DP
DOMINGUEZ, JOSE C JR
14310 N DALE MABRY HWY SUITE 260
TAMPA FL 33618

TITLE ☐ DELETE

NAME
DVT
DOMINGUEZ, TINA L
14310 N DALE MABRY HWY SUITE 260
TAMPA FL 33618

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

J.C. Dominguez, Jr. MD 4-29-96 (813) 969-0116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)