## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary State DIVISION OF CORPORATIONS

DOCUMENT # P96000100220 (8)

R. P. DOANE ENTERPRISES, INC.



Principal Place of Business Mailing Address					- 100/1004 / 100 10150 304/1 00/11 300/1 00/10 100/1 00/11 00/10 11/8/8 4/0/1 00/1 10/0/	
3821 REID STREET			1. BOX 8555			
PALATKA FL 32177		PALA	PALATKA FL 32177		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					12/11/1996 4. FEI Number	· ·
	lace of Business	2a, Ma	iling Address		T.	Applied For
21	W -1-	26		<u> </u>	59-3417834	Not Applicable
Suite, Apt. #, etc.		27	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		<del>-</del>	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zsp	,	Country	Trust Fund Contribution	Added to Fees
24	25	29		30]	This corporation owes or has p     Personal Properly Tax due Jun	
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
DOANE, ROBERT PAUL 81 Nam						
1250 NORTH EAST 36TH STREET, 104				B2 Street A	Address (P.O. Box Number is Not Accepte	pho)
POMPANO BEACH FL 33064-6260				3110017	duress (r.o. box number is not Accepts	able)
				83		
				84 City		85 Zip Code
11, Pursuant	to the provisions of Section	ns 607.0502 and 607.1	508, Florida Statute	s, the above-named	corporation submits this statement for the	Purpose of changing its registered
CHICA DE	edistered adout of nom v	a inc State of Florida S	SHCD CDADAG MAC AL	INDUITED BY THE COIN	oration's board of directors. I hereby acce	ept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE						
0.0.0.0.0.0	Signature, lyped or printed name of			Rogistered Agent signature r	required when reinstating)	DATE
12.		ICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	<b>4</b> 1 11	☐ DELFTE	1.1 TITLE		🔀 Change 🔲 Addition
NAME	DOANE, ROBERT PA			1.2 NAME		
STREET ADDRESS 1250 N.E. 36TH STREET, 104 POMPANO BEACH FL 33064				1.3 STREET ADDRESS		
TITLE	TOMINIO DENOIT	L 33004-0200	DELETE	1.4 CITY-SI - ZIP 2.1 TITLE	والمراجعة المراجعة ال	ChargeAddition
NAME			_ otten	2.2 NAME	2000023	
STREET ADDRESS				2.3 STREET ADDRESS	10/01/	9701073003
CITY-ST-ZIP				2. 4 CITY-ST-ZIP	### <b>*</b> 55	0.00 ****SS0.00
TITLE			DELETE	3.1 TITLE	- 1	Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4 CITY-ST-ZIP		
TITLE			DELETE	4.1 TITLE		Change Addition
NAJE				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY - ST - ZIP				4.4 CITY - ST - ZIP		
TITLE			☐ DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		Nh M
STREET ADORESS				5.3 STREET ADDRESS		UKAPU
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST - ZIP		Change Addition
NAME			L DECENT	6.1 TITLE		Mr. chause I wagiilou
STREET ADDRESS				6.2 NAME		
CITY-ST-ZIP				6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
0111 01 EW				10.4 CH11-91-7₽°		

I do hereby 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 the armual 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 conporation 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 changest or on an address.