FILE NOWNFILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700008257

1. Corporation Name

JAMES DORAN COMPANY OF FLORIDA

Principal Place of Business

Mailing Address

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90054 023 ***158.75



1051-H JOHNNIE DODD BOULEVARD 1051-H JOHNNIE DODD BOUL MT. PLEASANT SC 29464 MT. PLEASANT SC 29464)						
				DO NOT WRITE IN THIS SPACE					
				3. Date Incorporated or Qualifed					
	•			01/28/1997					
2. Principal Place of Business	2a. Mailing Address			. 4. FEI Number Applied For					
21	26			58-2322093 Not Applicable					
Suite, Apt. #, etc.	Suite,	Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State	City & 28	State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip Country 24 25	Zip 29	Cou 30	ntry	8. This corporation owes the current year intangible Personal Property Tax.					
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM			81 N	Name					
1200 SOUTH PINE ISLAND ROAD	$\mathbb{N}_{\mathbb{R}}^{d}$	d		Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324									
			84 C	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 of the statement of the purpose of changing its registered of the purpose of the statement of the purpose of changing its registered of the statement of the purpose of changing its registered of the purpose of the purp

agent. I a	m familiar with, and accept the obligations of, Section 607.	0505, Florida	a Statutes.	oration's board of directors. Th	ereby accept the appoin	mnem as reg	istered		
SIGNATURE				,					
	Signature, typed or printed name of registered agent and title if applicable.	gistered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS		13.		GES TO OFFICERS AN				
TITLE		ELETE	1.1 TITLE	14 ± 2 =		Change	Addition		
NAME	DORAN JR ROBERT J		1.2 NAME						
STREET ADDRESS	1051-H JOHNNIE DOBBS BLVD		1.3 STREET ADDRESS						
CITY-ST-ZIP	MT PLEASANT SC 29464		1.4 CITY-ST-ZIP	· ;	IN A BURE				
TITLE	V	ELETE	2.1 TITLE			☐ Change	☐ Addition		
NAME	DORAN SHANE J		2.2 NAME		• •	•			
STREET ADDRESS	1051-H JOHNNIE DOBBS BLVD		2.3 STREET ADDRESS						
CITY-ST-ZIP	MT PLEASANT SC 29464		2. 4 CITY-ST-ZIP	•		,			
TITLE ,	ST D	ELETE	-3.1 TITLE	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		☐ Change	Addition		
NAME	LAMBERSON J J		3.2 NAME		,				
STREET ADDRESS	1051-H JOHNNIE DOBBS BLVD		3.3 STREET ADDRESS	,		. , ,			
CITY-ST-ZIP	MT PLEASANT SC 29464		3.4. C/TY-ST-Z/P			*			
TITLE	AS □□	ELETE	4.1 TITLE	* * * * * * * * * * * * * * * * * * *		☐ Change	☐ Addition		
NAME	BROOKS GREGORY W		4.2 NAME			. '	** •		
STREET ADDRESS	1051-H JOHNNNIE DOBBS BLVD		4.3 STREET ADDRESS	4 - 4					
CITY-\$T-ZIP	MT PLEASANT SC 29464		4.4 CITY-ST-ZIP						
TITLE		ELETE	5.1 TITLE			Change	Addition		
NAME	•		5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS	•					
CITY-ST-ZIP	·		5.4 CiTY-ST-ZIP	<u> </u>					
TITLE	□ D	ELETE	6.1 TITLE			Change	Addition		
NAME		•	6.2 NAME				J		
STREET ADDRESS	• •	i	6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP		•		i		

14. I hereby certify that the information supplied with this ling indicated on this annual report or supplemental annual report or different or director of the corporation or the resource or direct Block 12 or Block 13 if changed, or on an affecting the with g doe not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of is true and courage and that my signature shall have the same legal effect as if made under oath; that I am an tee ampowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: