FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 21 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P97000008800 (9) DOCUMENT #
1. Corporation Name DORE CONSTRUCTION COMPANY Principal Place of Business Mailing Address 16601 OLD US 41 16601 OLD US 41 FT MYERS FL 33912 FT MYERS FL 33912 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No 24 25 30 g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 61 Name CHIAPPO, JORGE G 16601 OLD US 41 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33912 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regeleted agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE NAME CHIAPPO, JORGE G 1.2 NAME STREET ADDRESS 16601 OLD US 41 1.3 STREET ADDRESS FT MYERS FL 33912 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **3.2 NAME** NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4 1 DILE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 7iTi €

> 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an weight to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

NAME

STREET ADORESS

14. I hereby certify that the information supplied windicated on this annual report or supplements

officer or director of the corporation Block 12 or Block 13 if shapped.

pplemental

CITY-ST-21P