

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90009 022 ***550.00

DOCUMENT # **P98000096798**
orporation Name
AVID DOERR, INC.



ipal Place of Business Mailing Address
30X 51147 P O BOX 51147
SONVILLE BEACH FL 32240 JACKSONVILLE BEACH FL 32240

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address
26
Suite, Apt. #, etc. Suite, Apt. #, etc.
27
City & State City & State
28
ip Country Zip Country
25 29 30

3. Date Incorporated or Qualified
11/13/1998
4. FEI Number Applied For
59-3541252 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year
Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
DOERR, DAVID
825 N 7TH AVE
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<div> <div>ET ADDRESS</div> <div>T-ZIP</div> </div> <div> <div>D</div> <div>DOERR, DAVID</div> <div>P O BOX 51147 N/A</div> <div>JACKSONVILLE FL 32240</div> </div> <div> <input type="checkbox"/> DELETE </div>	<div> <div>1.1 TITLE</div> <div>1.2 NAME</div> <div>1.3 STREET ADDRESS</div> <div>1.4 CITY-ST-ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
<div> <div>ET ADDRESS</div> <div>T-ZIP</div> </div> <div> <input type="checkbox"/> DELETE </div>	<div> <div>2.1 TITLE</div> <div>2.2 NAME</div> <div>2.3 STREET ADDRESS</div> <div>2.4 CITY-ST-ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
<div> <div>ET ADDRESS</div> <div>T-ZIP</div> </div> <div> <input type="checkbox"/> DELETE </div>	<div> <div>3.1 TITLE</div> <div>3.2 NAME</div> <div>3.3 STREET ADDRESS</div> <div>3.4 CITY-ST-ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
<div> <div>ET ADDRESS</div> <div>T-ZIP</div> </div> <div> <input type="checkbox"/> DELETE </div>	<div> <div>4.1 TITLE</div> <div>4.2 NAME</div> <div>4.3 STREET ADDRESS</div> <div>4.4 CITY-ST-ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
<div> <div>ET ADDRESS</div> <div>T-ZIP</div> </div> <div> <input type="checkbox"/> DELETE </div>	<div> <div>5.1 TITLE</div> <div>5.2 NAME</div> <div>5.3 STREET ADDRESS</div> <div>5.4 CITY-ST-ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
<div> <div>ET ADDRESS</div> <div>T-ZIP</div> </div> <div> <input type="checkbox"/> DELETE </div>	<div> <div>6.1 TITLE</div> <div>6.2 NAME</div> <div>6.3 STREET ADDRESS</div> <div>6.4 CITY-ST-ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			

I 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 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 corporation or 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.

SIGNATURE: **[Signature]**

9-3-99 904249-5806

CR2E034 (5/99)