

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

AND
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

May 1 1995 3:07 PM

Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

May 1 1995 3:07 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S36114**

(4)

DOWLING REALTY, INC.

Principal Place of Business

249 POINCIANA DRIVE
INDIAN HARBOUR 32937

Mailing Address

249 POINCIANA DRIVE
INDIAN HARBOUR BEACH FL 32937
US

(EXCEPT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification **02/26/1991** 3a. Date of Last Report **05/01/1994**

4. FID Number **59-3050599** 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 Officer or Officers

21. Name **Same** 2a. Mailing Address **Same**

22. State Agent or Sec. 27. State Agent or Sec.

23. City & State 28. City & State

24. Zip 25. County 29. Zip 30. County

9. Name and Address of Current Registered Agent

**DOWLING, GEORGE T.
240 POINCIANA DRIVE
INDIAN HARBOUR BEACH FL 32937**

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

11. Pursuant to the provisions of Sections 601, 602, and 607, 1906, 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 provisions of Section 607, 1906, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required agent to sign and accept)

Signature of Registered Agent (Required agent to sign and accept)

Signature

12. OFFICERS AND DIRECTORS

1. NAME **DOWLING, COLLEEN A.**
2. STREET ADDRESS **249 POINCIANA DR.**
3. CITY, ST, ZIP **INDIAN HARBOUR BCH FL**
4. NAME **ST**
5. NAME **DOWLING, GEORGE T.**
6. STREET ADDRESS **249 POINCIANA DR.**
7. CITY, ST, ZIP **INDIAN HARBOUR BCH FL**
8. NAME
9. STREET ADDRESS
10. CITY, ST, ZIP
11. NAME
12. STREET ADDRESS
13. CITY, ST, ZIP
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP
20. NAME
21. STREET ADDRESS
22. CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. NAME
9. STREET ADDRESS
10. CITY, ST, ZIP
11. NAME
12. STREET ADDRESS
13. CITY, ST, ZIP
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP
20. NAME
21. STREET ADDRESS
22. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct equally for the corporation stated in Sections 12 and 13, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am, myself or on behalf of this corporation or the person or persons responsible for causing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an attachment with an address.

SIGNATURE:

George T. Dowling
GEORGE T. DOWLING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 1995 (407) 773-3084