

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90181 017 \*\*\*150.00

DOCUMENT # S65162

1. Corporation Name  
C. J. DOR-STAN INC.



Principal Place of Business  
2750 S CRANBERRY BLVD  
NORTH PORT FL 34286-5030  
US

Mailing Address  
2750 S CRANBERRY BLVD  
NORTH PORT FL 34286-5030  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/10/1991

4. FEI Number  
65-0271517

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 4155 ABBOTSFORD ST  
Suite, Apt. #, etc.

2a. Mailing Address  
26 4155 ABBOTSFORD ST  
Suite, Apt. #, etc.

22  
City & State  
23 NORTH PORT FL  
Zip Country  
24 34287 25 U.S.

27  
City & State  
28 NORTH PORT FL  
Zip Country  
29 34287 30

9. Name and Address of Current Registered Agent

TROY, PATRICIA  
2750 S CRANBERRY BLVD  
NORTH PORT FL 34286

10. Name and Address of New Registered Agent

81 Name TROY PATRICIA  
82 Street Address (P.O. Box Number is Not Acceptable)  
4155 ABBOTSFORD STREET  
83  
84 City NORTH PORT FL 85 Zip Code 34287

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Patricia A. Troy*

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 16 1999

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS        | CITY-ST-ZIP         | DELETE                   |
|-------|------------------|-----------------------|---------------------|--------------------------|
| PST   | TROY, PATRICIA A | 2750 S CRANBERRY BLVD | NORTH PORT FL 34286 | <input type="checkbox"/> |
| TITLE | NAME             | STREET ADDRESS        | CITY-ST-ZIP         | DELETE                   |
| TITLE | NAME             | STREET ADDRESS        | CITY-ST-ZIP         | DELETE                   |
| TITLE | NAME             | STREET ADDRESS        | CITY-ST-ZIP         | DELETE                   |
| TITLE | NAME             | STREET ADDRESS        | CITY-ST-ZIP         | DELETE                   |
| TITLE | NAME             | STREET ADDRESS        | CITY-ST-ZIP         | DELETE                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME         | 1.3 STREET ADDRESS  | 1.4 CITY-ST-ZIP     | Change                   | Addition                 |
|-----------|------------------|---------------------|---------------------|--------------------------|--------------------------|
| PST       | TROY, PATRICIA A | 4155 ABBOTSFORD ST. | NORTH PORT FL 34287 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME         | 2.3 STREET ADDRESS  | 2.4 CITY-ST-ZIP     | Change                   | Addition                 |
| 3.1 TITLE | 3.2 NAME         | 3.3 STREET ADDRESS  | 3.4 CITY-ST-ZIP     | Change                   | Addition                 |
| 4.1 TITLE | 4.2 NAME         | 4.3 STREET ADDRESS  | 4.4 CITY-ST-ZIP     | Change                   | Addition                 |
| 5.1 TITLE | 5.2 NAME         | 5.3 STREET ADDRESS  | 5.4 CITY-ST-ZIP     | Change                   | Addition                 |
| 6.1 TITLE | 6.2 NAME         | 6.3 STREET ADDRESS  | 6.4 CITY-ST-ZIP     | Change                   | Addition                 |

14. 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, with all other like empowered.

SIGNATURE: *Patricia A. Troy* APR 16 1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0485207

CR2E034 (11/98)