

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S78740 (5)**

1. Corporation Name  
**DORIAN HABITATIONS, INC.**

Principal Place of Business <b>12715-4 MCGREGOR BLVD. FT MYERS FL 33919 US</b>	Mailing Address <b>12715-4 MCGREGOR BLVD. FT MYERS FL 33919 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/09/1991</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0283439</b>		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
23	Zip	28	Country	9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Zip				
25	Country	30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BADMAN, DONA MARIE 1311 TANGLEWOOD PARKWAY FT MYERS FL 33919</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				<b>FL</b>			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVT</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BADMAN, DONA MARIE</b>	12 NAME	
STREET ADDRESS	<b>1311 TANGLEWOOD PKWY</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>FT MYERS FL</b>	14 CITY - ST - ZIP	
TITLE	<b>SC</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BADMAN, DONA MARIE</b>	22 NAME	
STREET ADDRESS	<b>1311 TANGLEWOOD PKWY</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	24 CITY - ST - ZIP	
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BADMAN, KEITH H.</b>	32 NAME	
STREET ADDRESS	<b>1311 TANGLEWOOD PKWY</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dona Marie Badman, President* **4-28-95** **813/482-5544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Typed Name)