SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 9:20

DOCUMENT # **V36807** **(8)**

1. Corporation Name

DOC BUILDERS, INC.

Principal Place of Business	Mailing Address
1200 OLD DIXIE HWY. SUITE 5 LAKE PARK FL 33418	P.O. BOX 33574 PALM BEACH GARDENS FL 33420-3574

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1992	3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0331919	☐ Applied For ☐ Not Applicable
21	26 1200 OLD DIXIE HWY		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27 SUITE #5		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28 LAKE PARK, FL		
Zip / Country	Zip / Country	8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No	
24 / 25	29 33403 / 30 PALM BCH		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUTKIN, BILLIE HURLEY 2461 SE FRUIT AVE PORT ST LUCIE FL 34952	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 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: Billie H Dutkin — DATE: 6/19/95
Signature, typed or printed name of Registered 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	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DUTKIN, BILLIE H	12 NAME	
STREET ADDRESS	2461 SE FRUIT AVE	13 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HURLEY, ALBERT V	22 NAME	
STREET ADDRESS	16242 E. STALLION DR.	23 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: BILLIE H DUTKIN Billie H Dutkin 6/19/95 407 622-5850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0148700 FP