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FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005151 (4)

1. Corporation Name

DAYMARK GROUP, INC.



Principal Place of Business

PO BOX 807
RUSSELLVILLE AR 72811

Mailing Address

PO BOX 807
RUSSELLVILLE AR 72811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	10/23/1995	31-0840322	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	8.75 Additional Fee Required	
22	27			
City & State	City & State	6. Election Campaign Financing	5.00 May Be Added to Fees	
23	28	Trust Fund Contribution		
Zip	Zip	8. This corporation owes or has paid the current year Intangible		
24	29	Personal Property Tax due June 30.		
Country	Country			
25	30			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V
NAME	GATHRIGHT, RANDALL	1.2 NAME	Randall Gathright
STREET ADDRESS	1401 NORTH PARKER., #31	1.3 STREET ADDRESS	628 Sturgeon
CITY-ST-ZIP	RUSSELLVILLE AR	1.4 CITY-ST-ZIP	Pottsville, AR 72858
TITLE	TCFO	2.1 TITLE	VPTCFO
NAME	COUCH, DELTON	2.2 NAME	Delton Couch
STREET ADDRESS	800 OLD POST RD.	2.3 STREET ADDRESS	350 Walleye Road
CITY-ST-ZIP	RUSSELLVILLE AR 72801	2.4 CITY-ST-ZIP	Pottsville, AR 72858
TITLE	V	3.1 TITLE	
NAME	HILL, GREGORY S	3.2 NAME	
STREET ADDRESS	ROUTE 5 BOX 1982	3.3 STREET ADDRESS	
CITY-ST-ZIP	RUSSELLVILLE AR	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	
NAME	CASEY, BERTHA M	4.2 NAME	
STREET ADDRESS	410 N JOPLIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	RUSSELLVILLE AR	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	STEPHENS, JACK	5.2 NAME	
STREET ADDRESS	1120 S INGLEWOOD #8	5.3 STREET ADDRESS	
CITY-ST-ZIP	RUSSELLVILLE AR 72801	5.4 CITY-ST-ZIP	
TITLE	DC	6.1 TITLE	DC
NAME	HILL, RICHARD D	6.2 NAME	Richard D. Hill
STREET ADDRESS	33 TANGLEWOOD DR.	6.3 STREET ADDRESS	533 Tanglewood Drive
CITY-ST-ZIP	RUSSELLVILLE AR	6.4 CITY-ST-ZIP	Russellville, AR 72801

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.

SIGNATURE: *Delton R. Couch* *TCFO* *1/1/98*

CR2E034 (10/97)