

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 11 1998 8:00am
Secretary of State

DOCUMENT # J67022 (0)
1. Corporation Name
DAT'L-DO-IT, INC.



Principal Place of Business
3255 PARKER DR
ST AUGUSTINE FL 32085
US

Mailing Address
50 WILLOW DRIVE
ST AUGUSTINE FL 32084
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1987	
21	Suite, Apt. #, etc.	26	3255 Parker Dr	4. FEI Number 59-2834794	Applied For Not Applicable
22	City & State	27	ST. AUG. FL.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	32085	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BOLES, JOSEPH L., JR
120 CHARLOTTE STREET
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name Upchurch, Bailey + Upchurch *
82 Street Address (P.O. Box Number is Not Acceptable)
780 N. Ponce de Leon Blvd
83 PO DRAWER 3067
84 City ST. Augustine FL 85 Zip Code 32084

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 Tracy Wilson Upchurch

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MUSSALLEM, EDWARD G.	1.1 TITLE	D Mary Causey
STREET ADDRESS	65 BUSAM ST	1.2 NAME	701 Queen Rd
CITY-ST-ZIP	ST AUGUSTINE FL	1.3 STREET ADDRESS	St. Augustine, FL 32086
TITLE	D	1.4 CITY-ST-ZIP	
NAME	WAY, CHRISTOPHER K.	2.1 TITLE	D Christopher K. Way
STREET ADDRESS	50 WILLOW DR	2.2 NAME	39 AVISTA Circle
CITY-ST-ZIP	ST AUGUSTINE FL	2.3 STREET ADDRESS	ST. AUG. FL 32084
TITLE		2.4 CITY-ST-ZIP	
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

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

Christopher K. Way 1-22-98 901 824 2609

CR2E034 (10/97)