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**Feb 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K88703 (9)

1. Corporation Name
DARRELL O'NEIL ENTERPRISES, INC.



Principal Place of Business
% DARRELL O'NEIL
P. O. BOX 3646
ST. AUGUSTINE FL 32085

Mailing Address
% DARRELL O'NEIL
P. O. BOX 3646
ST. AUGUSTINE FL 32085-3646

3. Date Incorporated or Qualified 05/17/1989
3a. Date of Last Report 01/30/1996

2. Principal Place of Business

4. FEI Number 59-2951781
Applied For
Not Applicable

21 Suite, Apt. #, etc. P. O. Box 3646

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State St. Augustine, Florida

6. Election Campaign Financing \$5.00 May Be Added to Fees

23 Zip 32085

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 County St. Johns

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'NEIL, DARRELL
4225 HIGHWAY A1A SOUTH
ST. AUGUSTINE FL 32084

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'NEIL, DARRELL	
STREET ADDRESS	4225 HIGHWAY A1A SOUTH	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'NEIL, JUDY	
STREET ADDRESS	4225 HIGHWAY A1A SOUTH	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: Judy A. O'Neil Judy A. O'Neil, Pres. 2-11-97 902-424-9398
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)