

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 AUG -8 AM 9:30

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000082759 (7)

1. Corporation Name
D & M MANAGEMENT, INC.

Principal Place of Business
**32 PIRATE WAY
MANTEO NC 27857**

Mailing Address
**32 PIRATE WAY
MANTEO NC 27857**

2. Principal Place of Business
21 **32 Piratesway**
Suite, Apt. #, etc.
22
23 **mantco, nc**
Zip Country
24 **27954 DARE** 25
26 **32 Pirates Way**
Suite, Apt. #, etc.
27
28 **mantco, nc**
City & State
29 **27954 DARE**
Zip Country
30

3. Date Incorporated or Qualified
10/08/1996

3a. Date of Last Report
n/a

4. FEI Number
56-1997838

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**WALLER, ROLAND D
5332 MAIN STREET
NEW POLRT RICHEY FL 34852**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **New Port Richey 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	TIERNEY, DEBRA	
STREET ADDRESS	32 PIRATE WAY	
CITY-ST-ZIP	MANTEO NC 27857	
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	TIERNEY, MICHAEL	
STREET ADDRESS	32 PIRATE WAY	
CITY-ST-ZIP	MANTEO NC 27857	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	32 Pirates Way
1.4 CITY-ST-ZIP	27954
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	32 Pirates Way
2.4 CITY-ST-ZIP	27954
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	100002268691--8
3.4 CITY-ST-ZIP	-08/15/97--01089--020
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<i>[Signature]</i>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	8-14-97
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	300002268693--2
6.4 CITY-ST-ZIP	-08/15/97--01089--021

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: *[Signature]* **Debra Tierney 7-21-97 919-473-2519**

CR2E034 (4/97)

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D & M MANAGEMENT, INC.
32 Pirates Way
Manteo, N. Carolina
27954

Ph (919) 473-2519 473-4519 Fax

July 22, 1997

Division of Corporations
Annual Reports Section
PO box 1500
Tallahassee, Fl. 33202-1500

Re: Annual Report
D&M Management, Inc.
FEIN 56-1997838

Dear Sir,

The above corporation was incorporated 10/6/96. We have never received any tax filing forms until today. Today we received a form to file the annual report marked "2nd notice". We were not aware that this fee was due by May 30th. The zip code is also incorrect on the notice we received today.

Directly upon receiving the notice I prepared it with the applicable address corrections and I am enclosing same asking that you waive the late penalty. Now that I am aware of the filing date I will be certain to file on time whether or not I receive a form. I appreciate your consideration, we are a new business in Florida and we are in the learning stages of what gets filed and when. We sincerely want to be current in all our filings and once again, we would appreciate waiving the penalty for our first filing.

Very truly yours,


Debra Tierney