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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

P96000056739 (1) DOCUMENT #

D & P MANAGEMENT INVESTMENTS, INC.

FILED Mar 04 1998 8:00am Secretary of State



Principal Plac	e of Business		Mailing Address			<u> </u>	
964 HWY 441 SE 964 HWY 441 SE OKEECHOBEE FL 34974 OKEECHOBEE FL 34974							
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 07/05/1996
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
21 26			6				65-0682008 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
Zip Country			Zip Country				Trust Fund Contribution Added to Fees
24	25	2	~	30	, ´		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							10. Name and Address of New Registered Agent
OF	RY, DON				81	Name	
984 HWY 441 SE					82	Street A	Address (P.O. Box Number is Not Acceptable)
OKEECHOBEE FL 34974						00000	Additional (1.0. Dox Northbull is Not Additionally
					83		
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sec	ctions 607.0502 and	1 607.1508, Florida State	ites, the al	DOVE	e-named c	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
office or r agent. I a	registered agent, or bot am familiar with, and ac	th, in the State of Fli cept the obligations	orida. Such change was of, Section 607.0505, F	authorize Iorida Stat	d by utes	the corpo s.	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature, typed or printed nan				d Age	nt signature re	e required when reinstating) DATE
12.	т -	OFFICERS AND DIF	RECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ORY, DON		- DETEIE	1.1 Tr			Ury, Don LaTchange ☐ Addition
NAME Street address	3312 SE 18 TERI	R		1.2 N/			1740 S.E. 2319 St.
l	OKEECHOBEE F					ADDRESS	Orechiber FL 34974
CITY-ST-ZIP TITLE	D		DELETE	1.4 C0 2.1 T0			D Change Addition
NAME	ORY, PATTIE			2.2 N/			Ory, Parti
STREET ADDRESS	3312 SE 18 TERI	R				ADDRESS	1240 S.F. 2310 St.
CITY-ST-ZIP	OKEECHOBEE F					ST-ZIP	OVERCHIDER FL 34974
TITLE			☐ DELETE	3.1 10		-	Change Addition
NAME				3.2 N/	ME		
STREET ADDRESS				3.3 \$1	REET	ADDRESS	
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP	
TITLE			DELETE	4.1 Til	LLE		☐ Change ☐ Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 ST	REET	ADDRESS	
CITY-ST-ZIP				4.4 CI		T-ZIP	
TITLE			DELETE	5.1 Ti			☐ Change ☐ Addition
NAME				5.2 NA		1	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			Intert	5.4 Cf		T-ZIP	FI Observe To Address
TITLE			DELETE	6.1 TI]	Change Addition
NAME OXOCET ADDOCCO				6.2 NA		1000500	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP	L			6.4 CI	1Y - 51	T - ZIP	<u> </u>

Thereby 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 supplication and annual report is fue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in