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FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 555565 (1)

1. Corporation Name  
D & R ASSOCIATES, INC.

Principal Place of Business

6540 E ROGERS CIRCLE  
BOCA RATON FL 33487

Mailing Address

6540 E ROGERS CIRCLE  
BOCA RATON FL 33487-2655



3. Date Incorporated or Qualified 12/19/1977  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 483 N.W. 68TH AVE.  
Suite, Apt. #, etc.

22 City & State  
23 OCALA, FL  
24 Zip 34482 25 Country MARION

26 483 N.W. 68TH AVE  
Suite, Apt. #, etc.  
27 City & State  
28 OCALA, FL  
29 Zip 34482 30 Country MARION

4. FEI Number 59-1844767  
Applied For Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

HENRY, DICK R  
815 FORSYTH ST  
BOCA RATON, FL  
33431

10. Name and Address of New Registered Agent

81 Name HENRY, DICK R  
82 Street Address (P.O. Box Number is Not Acceptable) 8317 NW 43RD LANE  
83  
84 City OCALA FL 85 Zip Code 34482

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

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	HENRY, SCOTT R	
STREET ADDRESS	11484 CLEAR CREEK PL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENRY, SCOTT R	
STREET ADDRESS	11484 CLEAR CREEK PL	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENRY, DICK R	
STREET ADDRESS	815 FORSYTH ST	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRANNON, DICK	
STREET ADDRESS	5530 GLADES RD	
CITY-ST-ZIP	BOCA ROTON FL	
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	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HENRY, SCOTT R	
1.3 STREET ADDRESS	3 WAGON WHEEL WAY	
1.4 CITY-ST-ZIP	OCALA, FL 34482	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HENRY, SCOTT R	
2.3 STREET ADDRESS	3 WAGON WHEEL WAY	
2.4 CITY-ST-ZIP	OCALA, FL 34482	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HENRY, DICK R	
3.3 STREET ADDRESS	8317 NW 43RD LANE	
3.4 CITY-ST-ZIP	OCALA, FL 34482	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HENRY, RUTH L	
4.3 STREET ADDRESS	8317 NW 43RD LANE	
4.4 CITY-ST-ZIP	OCALA, FL	
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: Scott R. Henry  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: 03-15-97  
DAYTIME PHONE: 352-854-0550

CR2E034 (9/96)