## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (9)DOCUMENT # D & S SERVICES UNLIMITED. INC. Principal Place of Business Mailing Address 1130 7 AVE 1130 7 AVE VERO BEACH FL 32960 VERO BEACH FL 32960 3. Date Incorporated or Qualified 3a. Date of Last Report 08/13/1980 06/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5AME 59-2204600 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Ziρ Country 8. This corporation has liability for intangible tax under s 199.032, 25 30 ☐ Yes ☐ No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DAVIS, DIXIE A 1130 7 AVE VERO BEACH FL 32960 83 City 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. tyend or protect name of registered agent and life if applical (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Talle [] DELETE 1.1 TITLE Change ☐ Addition DAVIS, DIXIE A. NAM: 1.2 NAME 1130 7TH AVE STREET ADDRESS 13 STREET ADDRESS VERO BEACH FL CHY-S1-ZIP 14 CHY-ST-ZIP DELETE 2 1 TITLE Addition 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY ST-ZV 24 CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition 3.2 NAME

64 DITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 eath, 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

3.3 STREET ADDRESS 3.4 City - St - ZiP

43 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

44 CITY-ST-ZIP

4. 1 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

62 NAME

SIGNATURE:

22

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12.

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