

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$376)

CORPORATION
 ANNUAL REPORT
 1994



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 APR -4 PM 3:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 856810 (7)

1. Corporation Name
 DERRINGTON ENTERPRISES, INC.

REINSTATEMENT 94-97

Mailing Address: 2030 PADRE ISLAND DR. PUNTA GORDA FL 33950
 Principal Place of Business: 2030 PADRE ISLAND DR. PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

| | | | | | |
|------------------------|--|---------------------------------|--|--|--|
| 2. Mailing Address | | 2a. Principal Place of Business | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 06/17/1983 | 12/13/1993 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23 City & State | | 28 City & State | | 22-2323818 | Not Applicable |
| 24 Zip | | 29 Zip | | 5. Certificate of Status Desired | 6. Election Campaign Financing Trust Fund Contribution |
| 25 Country | | 30 Country | | \$8.75 Additional Fee Required <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|-----------------------|-------------|-------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| DERRINGTON, GORDON, JR. 620 APPIAN DRIVE PUNTA GORDA FL 33950 | | | | 81 Name | NATA Derrington | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 2030 Padre Island Dr. | | |
| | | | | 83 | | | |
| | | | | 84 City | Punta Gorda | 85 Zip Code | 33950 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: *John Derrington* (Signature, typed or printed name of registered agent and title in 12.4.)
 Signature: *Nata Derrington* (NOTE: Registered Agent signature required when resigning)
 DATE: 3-7-97

| | | | | | | | |
|----------------------------|-------------------------|--------------------|--|---|--|--------------------|-----------------------|
| 12. OFFICERS AND DIRECTORS | | | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE | P/D | 1.1 TITLE | | 1.1 TITLE | | 1.1 TITLE | |
| 1.2 NAME | DERRINGTON, GORDON, SR. | 1.2 NAME | | 1.2 NAME | | 1.2 NAME | |
| 1.3 STREET ADDRESS | 2030 PADRE ISLAND DR. | 1.3 STREET ADDRESS | | 1.3 STREET ADDRESS | | 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | PUNTA GORDA FL | 1.4 CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | V/D | 2.1 TITLE | | 2.1 TITLE | | 2.1 TITLE | |
| 2.2 NAME | DERRINGTON, GORDON, JR. | 2.2 NAME | | 2.2 NAME | | 2.2 NAME | |
| 2.3 STREET ADDRESS | 920 APPIAN DRIVE #1 | 2.3 STREET ADDRESS | | 2.3 STREET ADDRESS | | 2.3 STREET ADDRESS | 400002136054--6 |
| 2.4 CITY-ST-ZIP | PUNTA GORDA FL | 2.4 CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | -04/08/97--01040--006 |
| 3.1 TITLE | S/D | 3.1 TITLE | | 3.1 TITLE | | 3.1 TITLE | ***1253.75 ***1253.75 |
| 3.2 NAME | DERRINGTON, NATA | 3.2 NAME | | 3.2 NAME | | 3.2 NAME | |
| 3.3 STREET ADDRESS | 2030 PADRE ISLAND DR. | 3.3 STREET ADDRESS | | 3.3 STREET ADDRESS | | 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | PUNTA GORDA FL | 3.4 CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | T/D | 4.1 TITLE | | 4.1 TITLE | | 4.1 TITLE | |
| 4.2 NAME | DERRINGTON, GLENN | 4.2 NAME | | 4.2 NAME | | 4.2 NAME | |
| 4.3 STREET ADDRESS | 920 APPIAN DRIVE #2 | 4.3 STREET ADDRESS | | 4.3 STREET ADDRESS | | 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | PUNTA GORDA FL | 4.4 CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | | 5.1 TITLE | | 5.1 TITLE | | 5.1 TITLE | |
| 5.2 NAME | | 5.2 NAME | | 5.2 NAME | | 5.2 NAME | |
| 5.3 STREET ADDRESS | | 5.3 STREET ADDRESS | | 5.3 STREET ADDRESS | | 5.3 STREET ADDRESS | |
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| 6.2 NAME | | 6.2 NAME | | 6.2 NAME | | 6.2 NAME | |
| 6.3 STREET ADDRESS | | 6.3 STREET ADDRESS | | 6.3 STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 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 or Chapter 617, Florida Statutes; and that my name appears in Block 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Derrington* (Signature, typed or printed name of signing officer or director)
 DATE: 3-3-97
 DAYTIME PHONIC #: 894-637-3977