


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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90044 029 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F47660**  
 1. Corporation Name  
**D & M USED CARS, INC.**

Principal Place of Business  
 POST OFFICE BOX 3999  
 PANAMA CITY FL 32401  
 US

Mailing Address  
 POST OFFICE BOX 3999  
 PANAMA CITY FL 32401  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **P.O. Box 3841**

2a. Mailing Address  
 26 **P.O. Box 3841**

22 **P.O. Box 3841**  
 City & State  
**Panama City Fla**

23 **Panama City Fla Bay**  
 City & State

24 **32401**  
 Zip

25 **Bay**  
 Country

3. Date Incorporated or Qualified  
**10/07/1981**

4. FEI Number  
**59-2608071**

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**DAVIS, DANIEL W**  
**227 N LAKEWOOD DRIVE**  
**PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name  
**Melba D. Davis**

82 Street Address (P.O. Box Number is Not Acceptable)  
**227 N. Lakewood Dr.**

83 **Panama City, Fla**

84 City

85 **FL** Zip Code  
**32404**

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 **Melba D. Davis** President DATE **3/19/99**

12. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, DANIEL W	
STREET ADDRESS	227 N. LAKEWOOD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, DANIEL W	
STREET ADDRESS	227 N. LAKEWOOD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAVIS, MELBA O.	
STREET ADDRESS	227 N. LAKEWOOD	
CITY-ST-ZIP	PANAMA CITY 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P.T. DAVIS, MELBA O.
3.3 STREET ADDRESS	227 N. LAKEWOOD DR.
3.4 CITY-ST-ZIP	PANAMA CITY FL 32401
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V.S. STOKES, LAURA D.
4.3 STREET ADDRESS	1304 Evergreen Ct
4.4 CITY-ST-ZIP	PANAMA CITY FL 32404
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 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, with all other like empowered.

SIGNATURE: **Laura D. Stokes** REQUIRED DATE: **3/19/99** DAYTIME PHONE #: **(850) 763-8757**

CR2E034 (11/98)