FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 28 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F81690** **(2)**

1. Corporation Name
DGM PUBLISHING, INC.

Principal Place of Business	Mailing Address
% OBE D COLEMAN RT 3, 21 LAKEVIEW DRIVE MARY ESTHER FL 32569	% OBE D COLEMAN RT 3, 21 LAKEVIEW DRIVE MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/14/1982
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 33 Lakeview Drive	26 33 Lakeview Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Mary Esther, Fl.	City & State 28 Mary Esther, Fl.
Zip / Country 24 32569 / 25 Okaloosa	Zip / Country 29 32569 / 30 Okaloosa

4. FEI Number: 59-2194613 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLEMAN, OBE D
RT 3, 21 LAKEVIEW DRIVE
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 33 Lakeview Drive
83
84 City: Mary Esther **FL** 85 Zip Code: 32569

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	COLEMAN, OBE D	12 NAME	
STREET ADDRESS	RT 3 21 LAKEVIEW DR	13 STREET ADDRESS	33 Lakeview Drive
CITY-ST-ZIP	MARY ESTHER, FL 00000	14 CITY-ST-ZIP	Mary Esther, Fl. 32569
TITLE	VST	21 TITLE	XX Change ☐ Addition
NAME	COLEMAN, VIRGINIA K	22 NAME	
STREET ADDRESS	RT 3 21 LAKEVIEW DR	23 STREET ADDRESS	33 Lakeview Drive
CITY-ST-ZIP	MARY ESTHER, FL 00000	24 CITY-ST-ZIP	Mary Esther, Fl. 32569
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: OBE D. COLEMAN — 4/24/95 — (904) 581-3390 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (904) 884-7160

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