

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002285 (3)

1. Corporation Name

D & G PROPERTIES, INC. OF MISSISSIPPI



Principal Place of Business

**201 DORRICH DR
BOONEVILLE MS 38829**

Mailing Address

**201 DORRICH DR
BOONEVILLE MS 38829**

2. Principal Place of Business

21 Sub., Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**GATES, CHARLES A
SAND DESTIN BEACH RESORT, UNIT 1718
1040 HWY 98 E.
DESTIN FL 32541**

*Sun Destin
Beach Resort*

3. Date Incorporated or Qualified

05/10/1995

3a. Date of Last Report

4. FEI Number

64-0857150

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. 190.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name **Charles A Gates**

82 Street Address (P.O. Box Numbers Not Accepted)

Sun Destin Beach Resort Unit 1718

83 **1040 Hwy 98 E**

84 City **Destin**

FL

85 Zip Code **32541**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0603, Florida Statutes.

SIGNATURE

Charles A. Gates

Sandra B. Martin

3/1/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GATES, CHARLES A	
STREET ADDRESS	201 DORRICH DR	
CITY-ST-ZIP	BOONEVILLE MS 38829	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GATES, DELOIS	
STREET ADDRESS	201 DORRICH DR	
CITY-ST-ZIP	BOONEVILLE MS 38829	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAVIS, HAZEL M	
STREET ADDRESS	RT 2, BOX 176A	
CITY-ST-ZIP	BLUE SPRINGS MS 38828	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADD TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this form voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental or corrected 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 prescribed by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 as requested, or as an authorized officer or director.

SIGNATURE:

Charles A. Gates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles A. Gates President

3/1/96

64-678-7975

64-776-7262

CR2E034 (12/95)