

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90120 032 ***150.00

DOCUMENT # F98000004308

1. Corporation Name
DMI SERVICES, INC.

Principal Place of Business
160 TECHNOLOGY PARKWAY
NORCROSS GA 30092

Mailing Address
160 TECHNOLOGY PARKWAY
NORCROSS GA 30092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1998

2. Principal Place of Business

2a Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

58-2123663

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALONO, STEVEN M
CARLTON, FIELDS, WARD, EMMANUEL
215 S. MONROE STREET, SUITE 500
TALLAHASSEE FL 32302

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME CUSTARD, A. RICHARD
STREET ADDRESS 4875 AVALONG RIDGE PARKWAY
CITY-ST-ZIP NORCROSS GA 30071

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DST
NAME HAIGH, E. NIMOCKS
STREET ADDRESS 160 TECHNOLOGY PARKWAY
CITY-ST-ZIP NORCROSS GA 30092

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE P
NAME NIMOCKSHAIGH, E.
STREET ADDRESS 160 TECHNOLOGY PARKWAY
CITY-ST-ZIP NORCROSS GA 30092

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE V
NAME ALLEN, WILLIAM B
STREET ADDRESS 160 TECHNOLOGY PKWY
CITY-ST-ZIP NORCROSS GA 30092

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

William B. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99
Date

770/729-8101
Daytime Phone #

CR2E034 (1/98)