

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # G09971 (4)
1. Corporation Name
D'ARVILLE AND COMPANY, INC.



Principal Place of Business
20093 E. PENNSYLVANIA AVE., STE. 6
DUNNELLO FL 34432

Mailing Address
20093 E. PENNSYLVANIA AVE., STE. 6
DUNNELLO FL 34432-6061

2. Principal Place of Business
21 19120 E. PENNSYLVANIA
Suite, Apt. #, etc.
22 STE C
City & State
23 DUNNELLO FL
Zip Country
24 34432 25 MARION

2a. Mailing Address
26 19120 E PENNSYLVANIA
Suite, Apt. #, etc.
27 STE C
City & State
28 DUNNELLO FL
Zip Country
29 34432 30 MARION

3. Date Incorporated or Qualified
11/30/1982

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2263939

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

D'ARVILLE, BRENDA L.
20093 E. PENNSYLVANIA AVE., STE. 6
DUNNELLO FL 34432

19120 E PENNSYLVANIA AVE, STE C
DUNNELLO, FL 34432

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	D'ARVILLE, BRENDA L.	
STREET ADDRESS	20093 E. PENNSYLVANIA AVE., STE. 6	
CITY-ST-ZIP	DUNNELLO FL 34432	
TITLE	VPD	☐ DELETE
NAME	D'ARVILLE, ROBERT M	
STREET ADDRESS	20093 E PENNSYLVANIA AVE, STE. 6	
CITY-ST-ZIP	DUNNELLO FL	
TITLE	ST	☒ DELETE
NAME	SCHROEPFER, CYNTHIA M.	
STREET ADDRESS	65 E. HARTFORD STREET	
CITY-ST-ZIP	HERNANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D/T	☒ Change ☐ Addition
12 NAME	D'ARVILLE, BRENDA	
13 STREET ADDRESS	19120 E PENNSYLVANIA AVE, STE C	
14 CITY-ST-ZIP	DUNNELLO, FL 34432	
21 TITLE	VP/D/S	☒ Change ☐ Addition
22 NAME	D'ARVILLE, ROBERT M	
23 STREET ADDRESS	19120 E PENNSYLVANIA AVE, STE C	
24 CITY-ST-ZIP	DUNNELLO, FL 34432	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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.

Brenda L. D'ARVILLE

CR2E034 (9/96)