

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

DOCUMENT # G21908

(0)

1. Corporation Name

DNC ENTERPRISES, INC.

Principal Place of Business

**P.O. BOX 5814
4521 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207**

Mailing Address

**P.O. BOX 5814
4521 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/07/1983	3a. Date of Last Report 04/04/1994
4. FEI Number 59-2287000	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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DAWKINS, CROSBY H.
4521 ST. AUGUSTINE RD.
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DAWKINS, CROSBY H.	12 NAME	
STREET ADDRESS	4521 ST. AUGUSTINE RD.	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	NESSINK, JAN W.	22 NAME	
STREET ADDRESS	4521 ST. AUGUSTINE RD.	23 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DAWKINS, CATHARINE N.	32 NAME	
STREET ADDRESS	4521 ST. AUGUSTINE RD.	33 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	34 CITY - ST - ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	CALLAHAN, HELEN A.	42 NAME	
STREET ADDRESS	4521 ST. AUGUSTINE RD.	43 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	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)(k), 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: *Crosby H. Dawkins*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CROSBY H. DAWKINS

3-25-95 (904)398-9916