

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Gloria B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G54488**

**(3)**

1. Corporation Name

**D.M. CONVERSIONS OF FLORIDA, INC.**

Principal Place of Business

**2033 BELCHER ROAD SOUTH  
LARGO FL 34641**

Mailing Address

**2033 BELCHER ROAD SOUTH  
LARGO FL 34641**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 14 AM 8:31**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**08/17/1983**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-2315515**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 109.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**MOCK, DALE  
2033 BELCHER RD. S.  
LARGO FL 34641**

10. Name and Address of New Registered Agent

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 607.0503 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 of firm or individual (if registered agent and the Agent also)

Signature of Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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)(a), Florida Statutes. I further certify that the information submitted 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:**

*Dale E. Mock* **Dale E. Mock**

**3/7/95 813-530-3691**

SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

(Signature of Agent)