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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H17500

(0)

D'MAY INTERNATIONAL, INC.

FILED Apr 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address P. O. BOX 4907 N/A PENSACOLA FL 32506 1621 DOGHTRACK RD PENSACOLA FL 32506 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1984 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2440179 Not Applicable 21 26 Suite Apt # etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PAYNE, W. JEAN 1621 DOGTRACK ROAD Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32506 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or ponted name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change ___ Addition TITLE PAYNE, W. JEAN 1.2 NAME NAME 408 BAYSHORE DR. 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 1.4 City-St-ZiP Change DELETE Addition 21 TITLE TITLE WALLS, ROBERT C. NAME 22 NAME 6049 SPANISH OAK DR 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2 4 CITY - ST- ZIP Change ☐ Addition DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 eath; 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:

CR2E034 (10/97