

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

DOCUMENT # H82753

1. Corporation Name
D.M. BUILDERS, INC.

Principal Place of Business
3907 S ATLANTIC AVE
DAYTONA BEACH FL 32127

Mailing Address
3907 S ATLANTIC AVE
DAYTONA BEACH FL 32127

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90044 028 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1985

4. FEI Number

59-2618128

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALUORNI, DOMINIQUE
3907 S ATLANTIC AVE
DAYTONA BEACH FL 32127

81 Name

Gisele Maluorni

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

3907 So. Atlantic Ave

83

84 City

Daytona Beach

FL

85 Zip Code

32127

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 Gisele Maluorni Pres.

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

(NOTE: Registered Agent signature required when reinstating)

1-22-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MALUORNI, DOMINIQUE
STREET ADDRESS 3907 S ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS Deceased
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MALUORNI, GISELE
STREET ADDRESS 3907 S ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH FL

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Maluorni Gisele
2.3 STREET ADDRESS 3907 So. Atlantic Ave
2.4 CITY-ST-ZIP Daytona Beach FL 32127

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Gisele Maluorni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

Date

904 761 8564

Daytime Phone #

CR2E034 (11/98)

0029145