

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H98964** (0)

1. Corporation Name  
**DMS MARKET, INC.**



Principal Place of Business: **312 MOODY BOULEVARD P. O. BOX 1027 FLGLER BEACH FL 32136 US**  
Mailing Address: **312 MOODY BOULEVARD P. O. BOX 1027 FLGLER BEACH FL 32136 US**

3. Date Incorporated or Qualified: **02/12/1986**  
3a. Date of Last Report: **02/03/1995**  
4. FEI Number: **59-2639302**  
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 (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country

9. Name and Address of Current Registered Agent: **CLARY, JOHN 511 N. PINE STREET BUNNELL 32110**  
10. Name and Address of New Registered Agent (81-84):  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **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: *John C. Clary* Corp. Pres. DATE: **2-21-96**

12. OFFICERS AND DIRECTORS  
TITLE: **VPT**  DELETE  
NAME: **CLARY, JOHN**  
STREET ADDRESS: **511 N. PINE STREET BUNNELL FL**  
CITY-ST-ZIP: **BUNNELL FL**  
TITLE: **P**  DELETE  
NAME: **CLARY, JOHN**  
STREET ADDRESS: **511 N. PINE STREET BUNNELL FL**  
CITY-ST-ZIP: **BUNNELL FL**  
TITLE: **T**  DELETE  
NAME: **CLARY, JOHN**  
STREET ADDRESS: **511 N. PINE STREET BUNNELL FL**  
CITY-ST-ZIP: **BUNNELL FL**  
TITLE: **S**  DELETE  
NAME: **CLARY, ALICE**  
STREET ADDRESS: **511 N. PINE STREET BUNNELL FL**  
CITY-ST-ZIP: **BUNNELL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, changed, or on an attachment with an address.

SIGNATURE: *John C. Clary*, **John C. Clary / Pres.** DATE: **2-21-96** DAY/PHONE: **9044390008**

CR2E034 (12/95)