

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 # J05202 (3)

1. Corporation Name

DINAMART, INC.



Principal Place of Business

Mailing Address

% ALBERT BOWIE, III
6615 BOWIE RD
JACKSONVILLE FL 32219
US

% ALBERT BOWIE, III
6615 BOWIE RD
JACKSONVILLE FL 32219
US

3. Date Incorporated or Qualified
03/20/1986

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2660520

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWIE, ALBERT III
6619 BOWIE ROAD
JACKSONVILLE FL 32219

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME BOWIE, ALBERT III
STREET ADDRESS 6615 BOWIE RD
CITY-STATE-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE

NAME BOWIE, CLINTINE
STREET ADDRESS 6615 BOWIE RD
CITY-STATE-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME MILLIAN, MARGARET ANN
STREET ADDRESS 6693 BOWIE ROAD
CITY-STATE-ZIP JACKSONVILLE FL

TITLE T ☐ DELETE

NAME MILLAN, GEORGE E. JR.
STREET ADDRESS 6693 BOWIE ROAD
CITY-STATE-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME BURKE, BETTY JUNE
STREET ADDRESS 6609 BOWIE RD
CITY-STATE-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME BURKE, HOWARD WAYNE
STREET ADDRESS 6609 BOWIE RD
CITY-STATE-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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: *Albert Bowie III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALBERT BOWIE, III

2-5-96

Date

(904) 765-031

Daytime Phone #

CR2E034 (12/95)