FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** J25383 DALLAS-GRAFF ENTERPRISES, INC. Principal Place of Business Mailing Address % RONALD DALLAS % RONALD DALLAS 8991 TRIPLETT RD. 8991 TRIPLETT RD. DO NOT WRITE IN THIS SPACE N. FORT MYERS FL 33917 N. FORT MYERS FL 33917 3. Date Incorporated or Qualified 07/23/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0190160 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DALLAS, RONALD 8991 TRIPLETT RD. 82 Street Address (P.O. Box Number Is Not Acceptable) 83 N. FORT MYERS FL 33917 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. __ DELETE 1.1 TITLE Change ___ Addition TITLE NAME DALLAS, RONALD 1.2 NAME STREET ADDRESS 8991 TRIPLETT RD. 1.3 STREET ADDRESS N. FT. MYERS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DALLAS, NANCY 2.2 NAME NAME 8991 TRIPLETT RD. 2.3 STREET ADDRESS STREET ADDRESS N. FT. MYERS FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ___ DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE

CR2E034

Change

9415432919

1-8-98

Addition

14. Thereby certify that the information supplied with this filling 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 of the

FROTUAGO DALLAS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

TITLE

STREET ADDRESS

SIGNATURE: