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

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90003 034 ***150.00

DOCUMENT # J58430 1. Corporation Name

D.H.C. ENTERPRISES, INC.

Principal Place						• // • / • / • /				
1790 SOUTH NOVA ROAD 1790 SOUTH NOVA ROAD										
S. DAYTONA FL 32119-1744 S. DAYTONA FL 32119-1744						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						02/17/1987				
Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For	
21 26						33 21 31 203				ppticable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Add Fee Regu				
22 27 City & State										
City & State City & State						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				•
23	Country	Zip	Countr			This corporation owes the curr	ent year Into		ea 10 1	
Zip	25	<u>├</u> ─ ` -	30	,		Personal Property Tax.	en year ma	XYes		No
24	9. Name and Address of Current	_ 	<u></u>			10. Name and Address of New F	Registered	Agent		
		<u></u>	8	Name						
PRICE, HERBERT W. III				Street	Addre	ss (P.O. Box Number is Not Accepta	able)			<u> </u>
1805 MERCERS HAMMOCK COURT				179	O'S	outh Nova Road				
DELAND FL 32720				3						
			84	1 City				85	Zip Cod	 ie
			İ	ʹʹͿͺϏʹʹδι	ıth	Daytona	FL		Zip Cod 321	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes	s, the abo	an nomer	COLOR	ration cultmite this statement for the	purpose of	changing ntment a	g its reg is regist	gistered tered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statute	s.	Mano				- /- g	
SIGNATURE							4/01/9	<u> 99</u>		
	Signature, typed or printed name of registered agent of			ent signature	required	when reinstating) ADDITIONS/CHANGES TO OF		ID DIRE	CTORS	- IN 12
12.	OFFICERS AND	DELETE	13.		-	ADDITIONS/CHANGES TO OF	FICENS AN	Char	nge	Addition
NAME			1.2 NAME							
	PRICE, HERBERT W III 1805 MERCERS HAMMOCK CT.		I.	TADORESS	1	790 South Nova R	load			
STREET ADDRESS	l		1.4 CITY-		Sc	outh Daytona, FL	321	19		
CITY-ST-ZIP	DELAND FL DSY	☐ DELETE	2.1 TITLE					X Chai	nge	Addition
NAME	QUASNEY, CAROL L.	_	2.2 NAME							
STREET ADDRESS	1805 MERCERS HAMMOCK CT		2.3 STRE	ET ADDRESS	17	790 South Nova R				
CITY-ST-ZIP	DELAND FL		2. 4 CiTY-	ST-ZIP	So	outh Daytona, FL	321:	19 _		
TITLE	VP & DELETE		3.1 TITLE			<u></u>		Chai	nge	Addition
NAME	FULTON, SUSIE		3.2 NAME		1					
STREET ADDRESS	1805 MERCERS HAMMOCK CT.		3.3 STRE	ET ADDRESS	;					
CITY-ST-ZIP	DELAND FL		3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4,1 TITLE		[Cha	nge	Addition
NAME			4. 2 NAM	€						
STREET ADDRESS			4.3 STRE	ET ADDRESS	3					
CITY-ST-ZIP			4.4 CITY-		Д					
TITLE		☐ DELETE	5.1 TITLE		-			Cha	nge	☐ Addition
NAME	1		5.2 NAME							
STREET ADDRESS	1			ET ADDRESS	•					
CITY-ST-ZIP			5.4 CITY-		4—			Cha		Addition
TITLE	J	□ D€LETE	6.1 TITLE		1			∟j∪na	nge	Magnion

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 officer or director of the corporation Block 12 or Block 13 if changed ith all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

904/788-4401

CR2E034 (11/98)