PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # K58104

1. Corporation Name

D & A INDUSTRIES, INC.

· · · · · · · · · · · · · · · · · · ·	FILED
FLORIDA DEPARTMENT OF STATE	Mar 16, 1999 8:00 am
Katherine Harris	Mai 10, 1999 0.00 am
Secretary of State	Secretary of State
DIVISION OF CORPORATIONS	03-16-1999 90047 036 ***150.00
	05 10 1222 200 17 050 150.00

Principal Place	of Business	Mailing Address				7 102 (21) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
926 S 8TH ST		926 S 8TH ST								
FERNANDINA BE	EACH FL 32034	FERNANDINA BEACH FL 3203	4			50 1107 11707		20405		
US		US				DO NOT WRIT	EIN IHIS	SPACE	 -	
						3. Date Incorporated or Qualifed				
						01/13/1989				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		_ 	olied For	
21		26				<u>59-2928555</u>			Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	I	
22		27						Fee Red		
City & State	9	City & State				Election Campaign Financing		\$5.00	- 1	
23		28				Trust Fund Contribution		Added to	Pees	
Zip	Country	Zip	_ Count	гу	This corporation owes the current year Intangible					
24	25	29 3	<u> </u>			Personal Property Tax.				
	9. Name and Address of Curren	t Registered Agent			<u> </u>	10. Name and Address of New R	egisterød A	igent .		
	THE MICHAEL OF COLUMN		8	31 Na		u Thildhell			}	
	EN, MICHAEL S. ESQUIRE		la la	2 Str	eer Addres	s (P.O. Box Number is Not Accepta	ble.			
	CENTRE STREET		- 1					5		
	E 207		8	33	920	S. 8th STW	\mathcal{F}		1	
FERN	iandina Beach FL 32034		-	14 00			<u> </u>	85 Zip C	ode	
				34 Cit	~1lle	nendera Buch) FL	1 32	007	
11. Pursuant f	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abo	ve-nan	ned corpor	ation submits this statement for the	purpose of o	changing its	registered	
office or re	to the provisions of Sections 607.050. egistered agont or both, in the State of the obligation of the	of Florida. Such change was autr tions of, Section 607.0505, Florid	nonzed d a Statute	oy ine d es.	SOLboration	s board of directors. Thereby accep	t tile appoin	((,istored	
		7					3/	5/99	{	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered A	gent signa	ature required v	vhen reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	DPV	☐ DELETE	1.1 TITLE	E				☐ Change	☐ Addition	
NAME	MITCHELL, DONNA		1.2 NAM	E	ļ					
STREET ADDRESS	730 N FLETCHER AVE, #1		1.3 STRE	EET ADDR	RESS				ì	
CITY-ST-ZIP	FERNANDINA BCH FL		14 CITY	-ST-ZIP						
TITLE	ST	☐ DELETE	2.1 TITLE	E				☐ Change	☐ Addition	
NAME	MITCHELL, DONNA		2.2 NAM	E	l				(
STREET ADDRESS	730 N FLETCHER AVE, #1		2.3 STR	EET ADDR	RESS				}	
-	FERNANDINA BCH FL			Y-ST-ZIP						
CITY-ST-ZIP	FERNANDINA DOTT IL	☐ DELETE	3 1 TITLE		_	-		☐ Change	Addition	
TITLE		C Department	3.2 NAM							
NAME			•••	_	DE66					
STREET ADDRESS				EET ADDR	7E20					
CITY-ST-ZIP		DELETE		Y-ST-ZIP	_			Change	Addition	
TITLE			4.1 TITL							
NAME			4. 2 NAM							
STREET ADDRESS			4.3 STRI	EET ADDF	RESS					
CITY-ST-ZIP				-ST-ZIP				Chanas	Addition	
TITLE		☐ DELETE	5.1 TITL					☐ Change	☐ Addieon	
NAME			5.2 NAM							
STREET ADDRESS			5.3 STRI	EET ADDF	RESS					
CITY-ST-ZIP	<u> </u>		4	-ST-ZIP						
TITLE		☐ DELETE	6.1 TITU		Ì			☐ Change	☐ Addition	
NAME			6.2 NAM	KE.					ĺ	
STREET ADDRESS			6.3 STR	EET ADDF	RESS					
CITY-ST-ZIP			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 series 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, if the air attachment with an address, with all other like empowered.

EPICER OR DIRECTOR

SIGNATURE:

3/5/99 3117-67 (Dayline Phone #