

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K61425 (0)

1. Corporation Name

DON'S DIRT, INC.

Principal Place of Business

Mailing Address

% ED. G. DELUDE
103 E. LAUREN COURT
FERN PARK FL 32730

% ED. G. DELUDE
103 E. LAUREN COURT
FERN PARK FL 32730

3. Date Incorporated or Qualified

01/23/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 DON'S DIRT INC.

26 DON'S DIRT INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 25725 EXMOOR DR.

27 25725 EXMOOR DR.

City & State

City & State

23 SORRENTO FLORIDA

28 SORRENTO FLORIDA

Zip

Zip

24 32776

Country

29 32776

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

DELUDE, ED. G.
103 E. LAUREN COURT
FERN PARK FL 32730

4. FEI Number

59-2930484

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

10. Name and Address of New Registered Agent

81 Name

Marilyn L Morrison - V.P.

82 Street Address (P.O. Box Number is Not Acceptable)

25725 EXMOOR DR.

84 City

Sorrento

FL

85 Zip Code

32776

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

Marilyn L Morrison - V.P.

Aug 7, 1996

Signature typed or printed name of registered agent and box if applicable

(NOTE: Registered Agent's signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MORRISON, DON
STREET ADDRESS 25725 EXMOOR AVE
CITY-ST-ZIP SORRENTO FL

TITLE VSD
NAME MORRISON, MARILYN
STREET ADDRESS 25725 EXMOOR AVE
CITY-ST-ZIP SORRENTO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 687, Florida Statutes, and
that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Marilyn L Morrison - V.P.

Aug 7, 1996

352-383-4369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)