

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90125 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K86922

1. Corporation Name
D & N INVESTMENTS, INC.

Principal Place of Business
 2209 WINDWOOD PL
 VALRICO FL 33594
 US

Mailing Address
 2209 WINDWOOD PL
 VALRICO FL 33594
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/02/1989

4. FEI Number
59-2946108

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SJOBERG, DALE V.
 2209 WINDWOOD PL
 VALRICO FL 33594

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	SJOBERG, DALE V.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2209 WINDWOOD PL	2209 WINDWOOD PL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
VALRICO FL	VALRICO FL		
<input type="checkbox"/> DELETE			
DST	SJOBERG, NANCY J.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2209 WINDWOOD PL	2209 WINDWOOD PL	2.1 TITLE	2.2 NAME
VALRICO FL	VALRICO FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dale V. Sjoberg* **SIGNATURE REQUIRED** Dale V. Sjoberg

(813) 689 8848
 Daytime Phone #

CR2E034 (11/98)