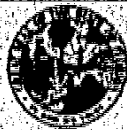


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:29

DOCUMENT # L20764

(1)

1. Corporation Name

DI - RO SERVICES, INC.

Principal Place of Business

C/O DIANA M. DENSING
757 CLEARVIEW DRIVE
PORT CHARLOTTE FL 33953

Mailing Address

C/O DIANA M. DENSING
757 CLEARVIEW DRIVE
PORT CHARLOTTE FL 33953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1989

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0156545

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1720 EL JOBEAN RD

Suite, Apt. #, etc.

22 211

City & State

23 PORT CHARLOTTE FL

Zip

24 33948

Country

25 CHARLOTTE

2a. Mailing Address

26 1720 EL JOBEAN RD

Suite, Apt. #, etc.

27 211

City & State

28 PORT CHARLOTTE FL

Zip

29 33948

Country

30 CHARLOTTE

9. Name and Address of Current Registered Agent

DENSING, DIANA M.
757 CLEARVIEW DRIVE
PORT CHARLOTTE FL 33953

10. Name and Address of New Registered Agent

81 Name

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

14020 WILLOW GLEN CT., UNIT 213

83

84 City

PORT CHARLOTTE

FL

85 Zip Code

33953-5663

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DENSING, DIANA M
STREET ADDRESS 757 CLEARVIEW DRIVE
CITY - ST - ZIP PORT CHARLOTTE FL

TITLE ST
NAME DENSING, STEPHEN
STREET ADDRESS 757 CLEARVIEW DR
CITY - ST - ZIP PORT CHARLOTTE 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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

14020 WILLOW GLEN CT., UNIT 213
PORT CHARLOTTE FL 33953-5663

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

14040 WILLOW GLEN CT., UNIT 213
PORT CHARLOTTE FL 33953-5663

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 119.073(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diana M. Densing PRES
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

7/15/95 (813) 629-9944
(Date) (Telephone Number)