FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
C/O DIANA M. DENSING 757 CLEARVIEW DRIVE PORT CHARLOTTE FL 33953	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

2. Principal Place of Business
21: 1720 EL JOBEAN RD
22 Suite, Apt. #, etc.: 211
23 City & State: PORT CHARLOTTE FL
24 Zip: 33948 25 Country: CHARLOTTE

2a. Mailing Address
26: 1720 EL JOBEAN RD
27 Suite, Apt. #, etc.: 211
28 City & State: PORT CHARLOTTE FL
29 Zip: 33948 30 Country: CHARLOTTE

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	DENSING, DIANA M	1.2 NAME	
STREET ADDRESS	757 CLEARVIEW DRIVE	1.3 STREET ADDRESS	14020 WILLOW GLEN CT., UNIT 213
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33953-5663
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	DENSING, STEPHEN	2.2 NAME	
STREET ADDRESS	757 CLEARVIEW DR	2.3 STREET ADDRESS	14040 WILLOW GLEN CT., UNIT 213
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33953-5663
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Diana M. Densing PRES 4/11/95 (813) 629-9944
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0035248 CP