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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

MENT # 1 24060

(2)

DOCUMEN 1 # L24909 1. Corporation Name D.F. & G. SERVICES, INC. Principal Place of Business 61208 POWERS AVE. 61208 POWERS AVE. 61208 POWERS AVE.					
JACKSONVILLE FL 32217 US		JACKSONVILLE FL 32217 US			
				Date Incorporated or Qualified 10/24/1989	3a. Date of Last Report 05/01/1995
. Principal Pla	ce o' Business	2a. Mailing Address	× 16421	4. FEI Number 59-2973263	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite. Apt. #, etc	70134	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	\\\ -1	6. Election Campaign Financing	\$5.00 May Be
3		28 Jackson	ille Fl.	Trust Fund Contribution	☐ Added to Fees
Zφ	Country	Zip 200116	County (15)	8. This corporation has liability for	
<u> </u>	25	^[29] 30015	30 (23/20/2)	Florida Statutes 1 Yes 10. Name and Address of New F	S No
	9. Name and Address of Currer	nt Hegistereo Agent	81 Name	IV. Name and Address of New C	negistered Agent
ARIAS, ROBERTO A. 519 NEWMAN STREET JACKSONVILLE FL 32202				ress (P.O. Box Number is Not Acceptal	
			82 Street Address (P.O.		Diej
			83		
0/10/100	111111111111111111111111111111111111111		84 City		85 Zip Code
			4.		FL S E S S S S S S S S
or registers	o the provisions of Sections 607.0503 ed agent for both, in the State of Flori n, and accept the obligations of Sections	ida. Such change was authorize	ed by the corporation's boa	ration submits this statement for the pured of directors. I hereby accept the app	rpose of changing its registered offic pointment as registered agent. I am
or registere familiar wit SIGNATURE:	ed agent or both, in the State of Flori n, and accept the obligations of Sections Spharm types on a section of the state of the sections.	ida, Such change was authoriza tion 607,0505, Florida Statutes	ed by the corporation's boa	and of airectors. Thereby accept the app	proose of changing its registered offic pointment as registered agent. I am DATE FICERS AND DIRECTORS IN 12
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SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/94 904 2200256