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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L24969

1. Corporation Name
D.F. & G. SERVICES, INC.

Principal Place of Business

192 B INDUSTRIAL LOOB
ORANGE PRK FL 32073
US

Mailing Address

P. O. BOX 16421
JACKSONVILLE FL 32245
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1989

4. FEI Number

59-2973263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 192 B Industrial Loop
Suite, Apt. #, etc.

2a. Mailing Address

26 192 B Industrial Loop
Suite, Apt. #, etc.

City & State

23 Orange Park, FL
Zip Country

24 32073 25 USA

City & State

28 Orange Park, FL
Zip Country

29 32073 30 USA

9. Name and Address of Current Registered Agent

ARIAS, ROBERTO A.
519 NEWMAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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

TITLE DT ☐ DELETE
NAME MCKENZIE, JAMES D.
STREET ADDRESS 8739 VERMANT RAOD
CITY-ST-ZIP JACKSONVILLE FL

TITLE DP ☐ DELETE
NAME MCKENZIE, GARY C.
STREET ADDRESS 8072 OLD KINGS RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS ☐ DELETE
NAME MCKENZIE, FRANCIS C.
STREET ADDRESS 8739 VERMANT ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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

2.1 TITLE DP ☒ Change ☐ Addition
2.2 NAME MCKENZIE, GARY C.
2.3 STREET ADDRESS 1974 DELAMERE CT
2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32246

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99
Date

904 269-2601
Daytime Phone #

CR2E034 (1/1/98)