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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # L68475



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

**Katherine Harris** 

## Jun 16, 1999 8:00 am Secretary of State

06-16-1999 90021 073 \*\*\*400.00 06-16-1999 90021 074 \*\*\*150.00

D & J IN	idustries, inc.								
Principal Place	e of Business	Mailing Address				i indiiläit aid kiidi läiti diati iengi niii aid	11 8181) <b>818</b> 11 <b>818</b> 1)	#1#II #184) IGE;	
ROUTE 7. BOX 7810 POST OFFICE BOX 45 MILE MARKER 30.5 MILE MARKER 30.5 BIG PINE KEY FL 33043 US US US US US						DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 04/24/1990	IIS SPACE		
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number	A	pplied For	
21		26				65-0191592	N	ot Applicable	
	#,.etc	Suite, Apt. #, etc				5. Certifcate of Status Desired	\$8:75-	Additional	
22		27				5. Certificate of Status Desired	Fee R	equired	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year			
24	25	29	30	т		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren	nt Registered Agent		81	None	10. Name and Address of New Register	ea Agent		
CDO	WELL CHE ECO			81	Name				
	WELL, GUS ESQ			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
91760 OVERSEAS HIGHWAY (POST OFFICE BOX 777)									
	ENIER FL 33070			83					
IAVE	ENIER PL 330/U			84	City	City P. 1		85 Zip Code	
							L 83 215		
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	a by th	ne corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as re	egistered	
	m familiar with, and accept the obliga	ations of, Section 607.0505, I	Florida Stati	utes.					
agent. I a	im familiar with, and accept the obligation of registered age	stions of, Section 607.0505, I	-iorida Stati	utes.	signature required	when reinstating) DATE			
	m familiar with, and accept the obligations of the obligation of t	int and title if applicable (NO	-iorida Stati	utes.			AND DIRECT	ORS IN 12	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR