## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED PROFIT** FLORIDA DEPARTMENT OF STATE Feb 05 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS (2)**DOCUMENT #** L86368 D.J.L. ENTERPRISES, INC. Principal Place of Business Mailing Address 323 WOODHAM CT 323 WOODHAM CT FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/09/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3019873 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LACKE, DANIEL J. 323 WOODHAM COURT Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BEACH FL 32547 83 84 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change LACKE, DANIEL J. NAME 1.2 NAME 323 WOODHAM COURT STREET ADDRESS 1.3 STREET ADDRESS FT. WALTON BCH FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE. Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE

14. I hereby certify that the information supplied with this fill indicated on this annual report or supplemental annual reference or director of the corporation or the receiver of the Block 12 or Block 13 inchanged or on an attachment with the corporation. lieg does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-7/P

6.3 STREET ADDRESS

SIGNATURE: (

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

COANTELLU LACKE

1/29/98

(850) 863-3313

Change

Addition