FILE NOW: FILING FEE IS $61.25

FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000001807 (3)**

1. Corporation Name
DAFMIC, INC.

Principal Place of Business	Mailing Address
COPELAND STREET OLDTOWN FL 32680	POST OFFICE BOX 1913 OLD TOWN FL 32680

3. Date Incorporated or Qualified: 03/27/1997

4. FEI Number: 59-3491392 ☑ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TIERNEY, DEBORAH
COPELAND STREET
OLDTOWN FL 32680

10. Name and Address of New Registered Agent

81 Name: Vickie Boyd
82 Street Address (P.O. Box Number is Not Acceptable): P.O. BX 1915
83: COPELAND STREET
84 City: OLD TOWN FL 85 Zip Code: 32680

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Vickie Boyd (Vickie Boyd) Treasurer 2-17-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	President "D" ☐ Change ☐ Addition
NAME	Deborah Tierney	1.2 NAME	Deborah Tierney
STREET ADDRESS	HC1 Box 1055	1.3 STREET ADDRESS	HC 1 Box 1055
CITY-ST-ZIP	Old Town Fla 32680	1.4 CITY-ST-ZIP	Old Town, Fla 32680
TITLE	Vice President ☐ DELETE	2.1 TITLE	Vice President "D" ☐ Change ☐ Addition
NAME	Ruth Mattgay	2.2 NAME	Ruth Mattgay
STREET ADDRESS	HC 4 Box 356	2.3 STREET ADDRESS	HC 4 Box 356
CITY-ST-ZIP	Old Town, Fla 32680	2.4 CITY-ST-ZIP	Old Town, Fla 32680
TITLE	Treasurer ☐ DELETE	3.1 TITLE	Treasurer "D" ☐ Change ☐ Addition
NAME	Vickie Boyd	3.2 NAME	Vickie Boyd
STREET ADDRESS	Rt 3 Box 552	3.3 STREET ADDRESS	Rt 3 Box 552
CITY-ST-ZIP	Old Town, Fla. 32680	3.4 CITY-ST-ZIP	Old Town, Fla 32680
TITLE	Secretary ☐ DELETE	4.1 TITLE	Secretary "T" ☐ Change ☐ Addition
NAME	Jane Boyd	4.2 NAME	Jane Boyd
STREET ADDRESS	HC 2 Box 101	4.3 STREET ADDRESS	HC 2 Box 101
CITY-ST-ZIP	Old Town Fla 32680	4.4 CITY-ST-ZIP	Old Town Fla 32680
TITLE	Bond Director ☐ DELETE	5.1 TITLE	Bond Director "T" ☐ Change ☐ Addition
NAME	Paul Dobson	5.2 NAME	Paul Dobson
STREET ADDRESS	P.O Box 1180	5.3 STREET ADDRESS	P.O. Box 1180 MAIN ST.
CITY-ST-ZIP	Cross City Fla. 32628	5.4 CITY-ST-ZIP	Cross City Fla 32628
TITLE	Safety Officer ☐ DELETE	6.1 TITLE	Safety Officer "T" ☐ Change ☐ Addition
NAME	Dolores Salanon	6.2 NAME	Dolores Salanon
STREET ADDRESS	P.O. Box 1865	6.3 STREET ADDRESS	P.O. Box 1865 Carter ST.
CITY-ST-ZIP	Cross City Fla. 32628	6.4 CITY-ST-ZIP	Cross City Fla 32628

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vickie Boyd 2-17-98 252498-5287