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Feb 25, 1999 8:00 am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000001807**

1. Corporation Name

**DAFMIC, INC.**

Principal Place of Business

**COPELAND STREET  
OLDTOWN FL 32680**

Mailing Address

**POST OFFICE BOX 1913  
OLD TOWN FL 32680**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**03/27/1997**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-3491392**

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYD, VICKIE  
P. O. BOX 1913  
COPELAND ST  
OLD TOWN FL 32680**

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 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

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 ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **MAXGAY, RUTH**  
CITY-ST-ZIP **HC4 BOX 356  
OLD TOWN FL 32680**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **BOYD, VICKIE**  
CITY-ST-ZIP **ROUTE 3, BOX 552  
OLD TOWN FL 32680**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **TD**  
2.3 STREET ADDRESS **Boyd, Vickie**  
2.4 CITY-ST-ZIP **HC3 BOX 552  
OLD TOWN, FL 32680**

TITLE ☐ DELETE  
NAME **ST**  
STREET ADDRESS **BOYD, JANE**  
CITY-ST-ZIP **HC2 BOX 101  
OLD TOWN FL 32680**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **PD**  
3.3 STREET ADDRESS **Boyd, Jane**  
3.4 CITY-ST-ZIP **HC2 BOX 101  
OLD TOWN, FL 32680**

TITLE ☒ DELETE  
NAME **BDT**  
STREET ADDRESS **DOBSON, PAUL**  
CITY-ST-ZIP **P. O. BOX 1180 MAIN ST  
CROSS CITY FL 32628**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **BDT**  
4.3 STREET ADDRESS **AVERILL, Richard D.**  
4.4 CITY-ST-ZIP **P.O. Box 1109 Airport Rd.  
CROSS CITY, FL 32628**

TITLE ☐ DELETE  
NAME **SOT**  
STREET ADDRESS **TALANON, DOLORES**  
CITY-ST-ZIP **P. O. BOX 1865 CARTER ST  
CROSS CITY FL 32628**

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

TITLE ☒ DELETE  
NAME **PD**  
STREET ADDRESS **TIERNEY, DEBORAH**  
CITY-ST-ZIP **HC 1 BOX 1053  
OLD TOWN FL 32680**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **ST**  
6.3 STREET ADDRESS **LISA BREWER**  
6.4 CITY-ST-ZIP **P.O. BOX 1403 LITTLE AL Rd.  
OLD TOWN, FL 32680**

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, with all other like empowered.

SIGNATURE:

**Vickie Boyd** **REQUIRED Vickie Boyd** 1-19-99 352-498-5287  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)