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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000028707 (6) DOCUMENT

D. D. M. CARRIERS, INC.

ļ	Principal Place of Business
	\$2 KIOWA DR FT MYERS BEACH FL

Mailing Address

FILED Mar 12 1998 8:00am Secretary of State



32 KIOWA DR FT MYERS BEACH FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/20/1993 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0404986 Not Applicable Suite, Apt. #, etc Suito, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LOUTH, RICHARD P 6051 ESTERO BLVD 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS BEACH FL 33931 83 85 Zip Code City

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered injent and like it applicable (NOT) Hegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TOLE Change Addition TITLE MCLAUGHLIN, DELVIN D NAME 12 NAME 32 KIOWA DR STREET ADDRESS 1.3 STREET ADDRESS FT MYERS BEACH FL 33931 CITY-ST-ZIP 1.4 City-St-ZiP DELETE ☐ Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 City-St-ZiP DELETE Change Addition TITLE 3.1 TITL€ NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 THILE Change Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

4. Thereby cortify that the information supplied with this filling 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 logal 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.

SIGNATURE: Ochin & Mo Laughlin DELVIN D Mc LAUGHLIN