FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000009481 (0)**

1. Corporation Name
D&M O'NEIL, INC.

Principal Place of Business	Mailing Address
C/O JOHN P. MILLIGAN, JR. 1500 COLONIAL BLVD., SUITE 103 FORT MYERS FL 33907	C/O JOHN P. MILLIGAN, JR. 1500 COLONIAL BLVD., SUITE 103 FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/27/1994**
3a. Date of Last Report:

2. Principal Place of Business 21 28383 Tasca Dr.	2a. Mailing Address 26 28383 Tasca Dr.	4. FEI Number **65-0470949** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Bonita Springs, FL	City & State 28 Bonita Springs, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / County 24 33923 / 25 Lee	Zip / County 29 33923 / 30 Lee	8. This corporation has liability for an ineligible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLIGAN, JOHN P JR 1500 COLONIAL BOULEVARD SUITE 103 FORT MYERS FL 33907	81 Name: Michael J. O'Neil 82 Street Address (P.O. Box Number is Not Acceptable): 28383 Tasca Dr. 83 84 City: Bonita Springs FL 85 Zip Code: 33923

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] Pres. DATE: 4-5-95
(If changing registered agent, this signature must be that of the new registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	O'NEIL, MICHAEL J	12 NAME	
STREET ADDRESS	~~1337 TANGLEWOOD PKWY~~ See Above	13 STREET ADDRESS	
CITY ST ZIP	~~FORT MYERS FL 33919~~	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	O'NEIL, DONNA M	22 NAME	
STREET ADDRESS	~~1337 TANGLEWOOD PKWY~~ See Above	23 STREET ADDRESS	
CITY ST ZIP	~~FORT MYERS FL 33919~~	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Donna M. O'Neil — 4-5-95 — 813/498-1062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0321300 CP