**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
1995 JUL 27 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000023962 (1)**

1. Corporation Name

**DSM ENTERPRISES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| RT 1 BOX 982<br>NICEVILLE FL 32578 | RT 1 BOX 982<br>NICEVILLE FL 32578 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 183 Robert Ave
22: Suite, Apt. #, etc.
23: City & State: Niceville FL
24: Zip: 32578 25: Country: USA

2a. Mailing Address
26: 183 Robert Ave
27: Suite, Apt. #, etc.
28: City & State: Niceville FL
29: Zip: 32578 30: Country: USA

4. FEI Number: 59-3235649 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARRISH, SAM I
1914 OAK AVE
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: William Monty Eddins
82 Street Address (P.O. Box Number is Not Acceptable): 183 Robert Ave
83:
84 City: Niceville FL 85 Zip Code: 32578

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: William Monty Eddins 7/21/95
(Signature, typed or printed name of registered agent and title, if applicable) (DATE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☒ Change ☐ Addition |
| NAME | PARRISH, SAM I | 12 NAME | DeLet- Sam |
| STREET ADDRESS | 1914 OAK ST | 13 STREET ADDRESS | PARRISH - No longer w/Corp |
| CITY ST ZIP | NICEVILLE FL 32578 | 14 CITY ST ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | EDDINS, MONTY | 22 NAME | |
| STREET ADDRESS | RT 1 BOX 982 | 23 STREET ADDRESS | |
| CITY ST ZIP | NICEVILLE FL 32578 | 24 CITY ST ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | SHERMAN, DAN | 32 NAME | |
| STREET ADDRESS | RT 9 BOX 393-S | 33 STREET ADDRESS | |
| CITY ST ZIP | DEFUNIAK SPRINGS FL 32433 | 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 | |

CR2E034 (3/95)

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:** Monty Eddins, Monty Eddins, Pres. 7/21/95 (904)897-4773
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

0121630 CP