

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000023962 (1)**

1. Corporation Name
DSM ENTERPRISES, INC.



Principal Place of Business: **183 ROBERT AVE NICEVILLE FL 32578 US**
Mailing Address: **183 ROBERT AVE NICEVILLE FL 32578 US**

3. Date Incorporated or Qualified: **03/24/1994**
3a. Date of Last Report: **07/27/1995**
4. FEI Number: **59-3235649**
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

2. Principal Place of Business
21. **6814 Hwy 331 South**
22. Suite, Apt. #, etc.
23. **De Funiak Springs, FL**
24. **32433**
25. Country
26. **6814 Hwy 331 South**
27. Suite, Apt. #, etc.
28. **De Funiak Springs, FL**
29. **32433**
30. Country

9. Name and Address of Current Registered Agent
**EDDING, WILLIAM MONTY
183 ROBERT AVE
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent
81. Name: **Eddins, William Monty**
82. Street Address (P.O. Box Number is Not Acceptable): **6814 Hwy 331 South**
83. City: **De Funiak Springs, FL**
84. Zip Code: **32433**

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: _____ DATE: _____
Signature typed or printed name of registered agent in the applicable (Note: If you are a 11 signatory required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EDDINS, MONTY	
STREET ADDRESS	RT 1 BOX 982	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERMAN, DAN	
STREET ADDRESS	RT 9 BOX 393-S	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6814 Hwy 331 South
1.4 CITY-ST-ZIP	De Funiak Springs, FL 32433
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	465 West Spruce St.
2.4 CITY-ST-ZIP	De Funiak Springs, FL 32433
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: *William Monty Eddins* **4/25/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)