FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000039382 (4)

D & V MANAGEMENT COMPANY, INC.

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business 2504 EDGEWATER DR. NICEVILLE FL 32578		Mading Address 2504 EDGEWATER DR. NICEVILLE FL 32578		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified OF 1/9/11004			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22		2a. Mailing Address	2a. Mailing Address		05/23/1994 4. FEI Number 59-3245197	ber Applied For	
		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		litional
City & State 23		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Ζιρ 24	Country 25 9. Name and Address of Curre	ZIP 29 29	Country 30		This corporation owes or has paid the Personal Property 1ax due June 30. Name and Address of New Register	Y Yes N	-
HIN	IES, JAMES P	in nogratorou ngom	81	Name	10, Hamo and Manibos of How Hogister	- Agoit	
	S. HYDE PARK AVE.		L				
	MPA FL 33606		82	Street Add	fress (P.O. Box Number is Not Acceptable)		
1, "			83				
			B4	City		85 Zip Coc	de
12. THE NAME STREET ADDRESS CHY-S1-7P THE NAME STREET ADDRESS CHY-S1-7P	D WALL, DAVID J 2504 EDGEWATER DR. NICEVILLE FL 32578 D WALL, VIOLET S 2504 EDGEWATER DR. NICEVILLE FL 32578 D WALL, VIOLET S 2504 EDGEWATER DR. NICEVILLE FL 32578	ID DIFFE CTORS DIFFE DIFFE	13. 1.1 HITE 1.2 NAME 1.3 STREET 1.4 CHY-S 2.1 HITE 2.2 NAME 2.3 STREET 2.4 CHY-S	ADDRESS 1-71P	ited when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS II	N 12 Addition
THLE NAME STREEL ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · ·	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-5	ADDRESS		Change _	Addition
HITE NAME STREET ADDRESS		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET			Change	Addition
CITY-ST-ZIP THLE NAME STREET ADDRESS		☐ DELETE	4.4 CHY-S 5.1 THE 5.2 NAME 5.3 STREET			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u> </u>	☐ DELFTE	5.4 CITY-S 6 1 TITLE 6 2 NAME 6 3 STREFT			Change	Addition
CHTY-ST-ZIP			6.4 CITY-S	1 - 7(P			

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on arrattachment with an address.