

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000042378 (7)

1. Corporation Name

DIRK, BILL & GARY XI, INC.

Principal Place of Business

7280 HAWKSNEST BLVD.  
ORLANDO FL 32835

Mailing Address

C/O CHRISTOPHER C. BROCKMAN, ESO  
PO BOX 633  
ORLANDO FL 32802  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1994

4. FEI Number

59-3278294

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and for it applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VO	<input type="checkbox"/> DELETE
NAME	TAYLOR, ROBERT D	
STREET ADDRESS	3200 N. FEDERAL HWY. STE. 201	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FARROW, DIRK	
STREET ADDRESS	7280 HAWKSNEST BLVD.	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	NOLAN, GARY	
STREET ADDRESS	239 N. HARBOR DR.	
CITY-ST-ZIP	REDONDO BEACH FL 90277	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROCKER, WALTER	
STREET ADDRESS	301 CARRIAGE WAY	
CITY-ST-ZIP	EATON GA 31024	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROCKER, WILLIAM G	
STREET ADDRESS	409 MAIDEN LANE	
CITY-ST-ZIP	SPARTA GA 31087	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Taylor, Robert D	
1.3 STREET ADDRESS	3200 N. Federal Hwy, Ste 201	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gary NOLEN	
3.3 STREET ADDRESS	239 N. Harbor Dr.	
3.4 CITY-ST-ZIP	Redondo Beach, FL 90277	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rockers, Walter	
4.3 STREET ADDRESS	301 Carriage Way	
4.4 CITY-ST-ZIP	Eaton, GA 31024	

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 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 an attachment with an address

CR2E034 (10/97)