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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400051714 (1) DAYE DRIGGERS, INC.

Princ	ipa	l Ple	ice of	B usi	ness
					_

FILED May 02 1997 8:00am Secretary of State



7700 N DRIGGI HERNANDO FL	ers point	7700 N DRIGGERS POINT HERNANDO FL 34442-2163						
					 Date Incorporated or Qualified 07/08/1994 	3a. Date of La 05/01/19		
	ace of Business	2a. Mailing Address			4. FEI Number 59-3254978	-	Applied For	
Sulte, Apt. 4	#. etc.	26					Not Applicable 75 Additional	
22	.,,	27			5. Certificate of Status Desired		ee Required	
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip 24	Country 25	Zip 29	Countr 30	у	This corporation has liability for in Florida Statutes	ntangible tax und Yes	der s. 199.032,	
	g. Name and Address of Curren		2.7		10. Name and Address of New Re			
KING	3, HELLEN B		81	Name				
	N DRIGGERS POINT		82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
HER	NANDO FL 34442							
			83	3				
			84	City		FL 85	Zip Code	
44 Durement t	to the provisions of Sections 607 050	2 and 607 1509 Florida Statuto	e the she	(o named o	orporation submits this statement for the p	:	ing its registered	
	Signature, lyped or printed name of registered age			gent signature re	quired whon reinstating)	DATE		
12.	OFFICERS AND		18.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD Driggers, Walter J III	☐ DELETE	1.1 TITLE			☐ Cha	ange Addition	
NAME	7700 N DRIGGERS PT		1.2 NAME					
STREET ADORESS CITY-ST-ZIP	HERNANDO FL		1.8 STREE	1 ADDRESS				
TITLE	VISD	DELETE	2.1 TITLE	31-71		Cha	ange Addition	
NAME	KING, HELLEN B		2.8 NAME				•	
STREET ADDRESS	7700 N DRIGGERS PT		2.8 STREE	1 ADDRESS				
CITY-ST-ZIP	HERNANDO FL		2. 4 CITY	- ST-ZIP				
TITLE		DELETE	3.6 71716			☐ Cha	ange 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		☐ DLLE1E	3.4. CITY 4.1 TITLE	- ST - ZIP		Cha	ange	
NAME		otter	4.1 HILE 4. 2 NAM	.			ilge Addillo	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			4.4 CITY -					
TITLE		DELFTE	5.4 1111.6			Cha	inge 🔲 Addition	
NAME			5.⊉ NAM€					
STREET ADDRESS			5.8 STREE	1 ADDRESS				
CITY-ST-ZIP			5.4 C(1)	S1 - ZIP		····	——————————————————————————————————————	
TITLE		☐ DELETE	6.1 TITLE			L Cha	ange L Addition	
NAME			6.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP	ov certify that the information supplies	d with this filing done not evold	6.4 City		ted in Section 119.07(3)(i), Florida Statute	s I further certify	that the	
information	n indicated on this annual report or s	supplemental annual report is tru the receiver or trustee empower	ue and acc ered to exc	curate and th	nat my signature shall have the same lega port as required by Chapter 607, Florida S	l effect as if mad	le under oath; tha	