

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 # P94000054646 (2)

1. Corporation Name
D & M, INC. OF PINE ISLAND



Principal Place of Business

~~7400 BARRANCAS AVE~~
~~BOKEELIA FL 33022-0027~~
~~US~~

Mailing Address

~~PO BOX 27~~
~~BOKEELIA FL 33022-0027~~

3. Date Incorporated or Qualified
07/21/1994

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 10200 Betsy Parkway

26 10200 Betsy Parkway

4. FET Number
65-0504926

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27 City & State

23 St. James City, FL

28 St. James City, FL

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

24 Zip 33956

25 Country Lee

29 Zip 33956

30 Country Lee

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CATZ, ROCHELLE Z
13161 MCGREGOR BLVD
FT MYERS FL 33919

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 607.1505, 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 as of date of filing

(NOTE: Registered Agent signature required when filing with date)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GRAINGER, DEBBIE S.
STREET ADDRESS 7499 BARRANCAS AVE.
CITY-ST-ZIP BOKEELIA FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME RICHMOND, MARGARET A.
STREET ADDRESS 3518 SEA HOLLY LANE
CITY-ST-ZIP ST. JAMES CITY FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME RICHMOND, ROBERT
STREET ADDRESS 3518 SEA HOLLY LANE
CITY-ST-ZIP ST JAMES CITY FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME GRAINGER, THEODORE
STREET ADDRESS 7499 BARRANCAS AVE
CITY-ST-ZIP BOKEELIA FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: *Theodore A. Grainger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-18-96 941-283-7881
Date Filed Daytime Phone #

CR2E034 (12/95)