

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000054646 (2)**

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



Principal Place of Business: ~~7409 BARRANCAS AVE~~ **BOKEELIA FL 33922-0027**  
Mailing Address: ~~PO BOX 27~~ **BOKEELIA FL 33922-0027**

3. Date Incorporated or Qualified: **07/21/1994**  
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business: **21 10200 Betsy Parkway**  
22 City & State: **23 St. James City, FL**  
24 Zip: **33956** 25 Country: **Lee**  
2a. Mailing Address: **26 10200 Betsy Parkway**  
27 City & State: **28 St. James City, FL**  
29 Zip: **33956** 30 Country: **Lee**

4. FEI Number: **65-0504926**  
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

9. Name and Address of Current Registered Agent: **CATZ, ROCHELLE Z  
13161 MCGREGOR BLVD  
FT MYERS FL 33919**  
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 607.0507 and 607.1305, 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, Title #2441-005) (NOTE: Registered Agent signature required when not using DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GRAINGER, DEBBIE S. 7499 BARRANCAS AVE. BOKEELIA FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD RICHMOND, MARGARET A. 3518 SEA HOLLY LANE ST. JAMES CITY FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SD RICHMOND, ROBERT 3518 SEA HOLLY LANE ST JAMES CITY FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TD GRAINGER, THEODORE 7499 BARRANCAS AVE BOKEELIA FL	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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* 14-10-96 941-283-7881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)