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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000059376 (1)

1. Corporation Name

RELIABLE D & D ENTERPRISES, INC.



Principal Place of Business

11778 PARK AVENUE
ORANGE PARK FL 32073
US

Mailing Address

RELIABLE D&D ENTERPRISE, INC
P.O. BOX 1644
ORANGE PARK FL 32067-1644
US

2. Principal Place of Business

21 1177-14 PARK AVE

Suite, Apt. #, etc.

22 City & State

23 ORANGE PARK, FL

24 Zip 32073 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/10/1994

3a. Date of Last Report

04/24/1995

4. FEI Number

59-3262678

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MUYRES, DAVID J
2412 STOCKTON DR
GREEN COVE SPRINGS FL 32043

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 signatory (Agent, if applicable)

Signature typed or printed name of signatory (New Agent, if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D, P, S
MUYRES, DAVID J
STREET ADDRESS 2412 STOCKTON DR
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE ☐ DELETE

NAME D
ALVAREZ, REY J
STREET ADDRESS POST OFFICE BOX 9831
CITY-ST-ZIP JACKSONVILLE FL 32208-0831

TITLE ☒ DELETE

NAME S
SHIPLEY, CARL R
STREET ADDRESS 2024 HENDRICKS AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME T
MUYRES, THOMAS J
STREET ADDRESS 6109 BANYAN CIRCLE
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. MUYRES - PRES.

5-1-96

904 358-9583

CR2E034 (12/95)