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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000071517 (4)

DR EXPORTS, INC.

Principal Place of Business Mailing Address 1991 INDUSTRIAL DRIVE 1991 INDUSTRIAL DRIVE **DELAND FL 32724 DELAND FL 32724-2039** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/23/1994 05/01/1996 2. Principal Page of Business 2a. Mailing Address 4. FEI Number Applied For 59-3271330 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees  $Z_{10}$ Country Ζφ Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CAROLAN, J.P. III 390 N. ORANGE AVE. Street Address (P.O. Box Number is Not Acceptable) R2 ORLANDO FL 32802 83 City 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. Stgnature, typed or punted name of registered agent and tick if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition ☐ DELETE 1.1 TITLE THE ROBINSON, DAVID R 1.2 NAME NAME 1991 INDUSTRIAL DRIVE STREET ADDRESS 13 STREET ADDRESS **DELAND FL 32724** CHY S1-ZiP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 101: E NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP 011Y - \$1 - 7IP DELETE Change Addition THE 3.1 TITLE 3.2 NAME NAME STHEET ADDRESS 33 STREET ADDRESS 3.4. CITY-ST-ZIP CrtY - ST - Z/P DELETE Change Addition 4.1 TITLE 1011 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP DELETE Change Addition THILE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-76 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - \$1 - 7IP 14. I do hereby certily 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 suppliermental 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 portylination or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 23 or Block 33 of chapter 607 or on any tipp imment with an address.

empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an address.

SOLITE MAYIA R. ROBINSON 3/14/17 904-738-1809

FILED

Mar 27 1997 8:00am

Secretary of State

SIGNATURE: