


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

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000074323 (4)

1. Corporation Name

D & J INVESTMENT SERVICES, INC.

Principal Place of Business

6166 HALF MOON DR  
PORT ORANGE FL 32127

Mailing Address

6166 HALF MOON DR  
PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1994

4. FEI Number

59-3284136

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6259 PALOMINO CIRCLE

6259 PALOMINO CIRCLE

City & State

City & State

23

28

PORT ORANGE, FL

PORT ORANGE, FL

Zip

Zip

24

29

32127

32127

Country

Country

USA

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWSON, DONALD B  
6166 HALF MOON DR  
PORT ORANGE FL 32127

81 Name

LAWSON, DONALD B.

82 Street Address (P.O. Box Number is Not Acceptable)

6259 PALOMINO CIRCLE

83

84

PORT ORANGE

FL

85 Zip Code

32127

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON, DONALD B	
STREET ADDRESS	<del>6166 HALF MOON DR</del> 6259 PALOMINO CIRCLE	
CITY - ST - ZIP	PORT ORANGE FL 32127	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

14. I hereby certify 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 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:

Donald B. Lawson REQUIRED

1-10-98

(904) 756-7558

CR2E034 (10/97)