SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400087865

DPG SERVICES, INC.

riled							
Sep 23, 1999 8:00 am							
Secretary of State							
Secretary of State							

09-23-1999 90008 034 ***150.00

DI a delivided, inc.							
Principal Place of Business Mailing Address							
6117 CLIFTON		6117 CLIFTON ANN E					
JACKSONVILLE FL 32211 US U					DO NOT WRITE-IN-TI	HIS SPACE-	
					3. Date Incorporated or Qualified		
					12/05/1994		
2. Principal Pla	ace of Business	2a, Mailing Address		-	4. FEI Number	Applied For	
21		26			59-3286334	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			o. Commente of Clarks Boomed	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip		intry	8. This corporation owes the current year		
24	25	29	30	т	Intangible Personal Property.	Yes No	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Register	ed Agent	
CDE	EENE, DONALD P.			81 Name			
	CLIFTON ANN EXT.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	KSONVILLE FL 32211						
JAC	NOONVILLE PL 32211			83			
				84 City		85 Zip Code	
				<u> </u>		FL 100 240 0000	
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							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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							
	Signature, typed or printed name of registered age		(NOTE: Registe	ared Agent signature requ	ADDITIONS/CHANGES TO OFFICERS		
12.	DPT OFFICERS AF	ND DIRECTORS		TI E	ABBITIONS/GITAINGEO TO GIT TOLING	Change Addition	
TITLE	GREENE, DONALD P	L DELETE	1.2 N			Change C Addition	
NAME	6117 CLIFTON AVE			TREET ADDRESS			
STREET ADDRESS	JACKSONVILLE FL			\$,	
CITY-ST-ZIP TITLE	DVS			TY-ST-ZIP		Change Addition	
		L. Sterrie			•		
NAME	GREENE, FRANCES E 22N 6117 CUFTON AVE 23ST		REET ADDRESS				
STREET ADDRESS	JACKSONVILLE FL			ITY-ST-ZIP			
CITY-ST-ZIP TITLE	JACKSONVILLE FL	DELETE				Change Addition	
NAME			3.2 N			La Gridingo La Fidoridori	
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE -		DELETE		TLE ,		Change Addition	
NAME		" Clostere	4.2 N				
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE		DELETE				Change Addition	
NAME :			5.2 N				
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE		DELETE				Change Addition	
NAME		. L. UELETE	6.2 N	Ī			
STREET ADDRESS				TREET ADDRESS			
l 1				TY-ST-ZIP			
14. I hereby ce	ertify that the information supplied wit	th this filing does not qualify			tion 119.07(3)(i), Florida Statutes. I further cer	tify that the information	

6. I hereby certify that the information supplied with this filling does not quality for the exemption stated in section 19.07(3)(i), Florida Statutes. Fluiding does not quality for the exemption 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 trusted 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:

9-14-99

(904) 721-0123

619290-40008-34 P94000087865 Sincorel

Re: 59-3286334

OPG Services I