FILE NOW: FILING FEE AFTER MAY 1 IS $226.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093383 (5)**

1. Corporation Name
D.S.I., INC.

Principal Place of Business	Mailing Address
4421 LA MIRAGE PENSACOLA FL 32504	4421 LA MIRAGE PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1994
3a. Date of Last Report: None

4. FEI Number: 59-3283189 ☐ 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

(21) Principal Place of Business	(26) Mailing Address
929 Brookside Pl	P.O Box 2304
(22) Suite, Apt. #, etc.	(27) Suite, Apt. #, etc.
(23) City & State: Pensacola Fl	(28) City & State: Pensacola Fl
(24) Zip: 32503 (25) Country: Escambia	(29) Zip: 32513 (30) Country: Escambia

9. Name and Address of Current Registered Agent

JONES, DON
4421 LA MIRAGE
PENSACOLA FL 32504

ø 10. Name and Address of New Registered Agent

(81) Name: Stephanie Cole
(82) Street Address (P.O. Box Number is Not Acceptable): 929 Brookside Pl
(83)
(84) City: Pensacola FL (85) Zip Code: 32503

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] Stephanie Cole President 4/10/95
(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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	COLE, STEPHANIE	1.2 NAME	
STREET ADDRESS	929 BROOKSIDE PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	STD ☒ Change ☐ Addition
NAME	JONES, DON	2.2 NAME	Jones, Don
STREET ADDRESS	4421 LA MIRAGE	2.3 STREET ADDRESS	[redacted] 6476 Quiet View Lane NW
CITY-ST-ZIP	PENSACOLA FL 32504	2.4 CITY-ST-ZIP	Silverdale, WA 98383-8302
TITLE		3.1 TITLE	D. ☐ Change ☒ Addition
NAME		3.2 NAME	Scrimpshire, Jackylon
STREET ADDRESS		3.3 STREET ADDRESS	3440 Bayou Blvd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: [signature] Stephanie Cole President 4/10/95 904-432-3188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

000394 FP