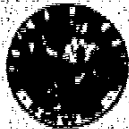


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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

4421 LA MIRAGE
PENSACOLA FL 32504

Mailing Address

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

2. Principal Place of Business

21 929 Brookside Pl

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2304

Suite, Apt. #, etc.

City & State

23 Pensacola FL

City & State

28 Pensacola FL

Zip

24 32503

Country

25 Escambin

Zip

29 32513

Country

30 Escambin

9. Name and Address of Current Registered Agent

JONES, DON
4421 LA MIRAGE
PENSACOLA FL 32504

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

(NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLE, STEPHANIE
STREET ADDRESS	929 BROOKSIDE PL
CITY - ST - ZIP	PENSACOLA FL 32503
TITLE	STD
NAME	JONES, DON
STREET ADDRESS	4421 LA MIRAGE
CITY - ST - ZIP	PENSACOLA FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	STD
2.3 STREET ADDRESS	Jones, Don
2.4 CITY - ST - ZIP	6676 Quiet View Lane NW Silverdale, WA 98283-9302
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	D.
3.3 STREET ADDRESS	Scrimshire, Jackylon
3.4 CITY - ST - ZIP	3440 Bayou Blvd Pensacola, FL 32505
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, if changed, or on an attachment with an address.

SIGNATURE:

[Signature] Stephanie Cole President

4/10/95 904-432-388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone