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

PROFIT CORPORATION **ANNUAL REPORT**



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

1996

P95000028442 (8)

DOCUMENT # 1. Corporation Name DS & WJ, INC.

Principal Place of Business

Mailing Address

FILED Jul 02 1996 8:00 am Secretary of State



2925 HWY. 17-92 LONGWOOD FL 32750		2925 HWY, 17-92 LONGWOOD FL 32750	2925 HWY, 17-92 LONGWOOD FL 32750					
					Date Incorporate 04/11/199	5	3a. Date of Las	st Report
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		1. ECI Number 39-330	C. a. C. l.		Applied For
21	# _ L .	26 P. D. Box 35	26 P.O. Box 521747		37-331	7881	ļ-	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	27		i. Certificate of Stat	us Desired		.75 Additional ee Required
Orty & State		28 LONG W∞			i. Election Campaig Trust Fund Contr			.00 May Be Ided to Fees
Z _{IP}	Country 25	29 32 252-1747	30 SEMIN		This corporation Florida Statutes	Yes	□ No	ors 199.032,
	9. Name and Address of C	urrent Registered Agent). Name and Addr	ess of New R	egistered Agent	
Moore	T THOMAS D		B1 Nan	ъ				
1	T, THOMAS D		82 Street Add		P.O. Box Number is	Not Acceptab	le)	
	CAUSEWAY							
NEW 9	MYRNA BEACH FL 32169		83					
			84 City				FL 85	Zip Code
11. Pursuant to or registere familiar wit	o the provisions of Sectiffia 607, id agent, or both in the Stand of Land acceptance in the costs of	0502 and 607.1508, Florida Statutes Florida, Such change was authorized Section 607.0505, Florida, Latutes	, the above-named by the corporation	corporation 's board of c	submits this statem firectors. I hereby a	ent for the purp coept the appo	pose of changing i entrient as registe	ts registered office red agent. Fam
SIGNATURE	e typed or pertect range of regions	mm, I'll	्र Fing Yurkit Agent Signatu	re record wher a	real statefungs		ILATE	
12.	OFFI DERS	AND DIRECTORS	13.		ADDITIONS CHAP	NGES TO OFFI	CERS AND DIREC	TORS IN 12
TITLE	D C	X DELETE	1 1 HILE	Pre	SIDE UT		I Chan	
NAME	WRIGHT, THOMAS D		1.2 NAME	- w β	LTER A.	76001		
STREET ADDRESS	340 N. CAUSEWAY		13 STREET ADDRES	s 29.	25 HWY	17-6	} &_	
CITY-ST-ZIP	NEW SMYRNA FL 3216	9	1.4 OITY - ST-ZIP	Lon	GUDOOD	<u> </u>	327	5D
TITLE		DELE LE	2 1 HILE	Uice	- Presid	ENT	Chang	je 📉 Addition
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CITY - ST - ZIP			2.4 C.TY - ST - ZiP	Lon	ve wood	α	32757	D
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NAME			4.2 NAME					_
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CiTY-S1-ZIP			5.4 CHY+ST 7IP					
THILE		☐ DECETE	6 1 TITLE				Change	e
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					[
CITY - ST - ZIP			64 CITY - \$1 - 712					
14. I do hereby	certify that the information suppli	ed with this firing is voluntarily furnish	ed and does not or	alify for the e	exemption stated in	Section 119.0	7/31/1/ Florida Stat	utoo 16 setses

certify that the information indicated on this arrive report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.