

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000035227 (4)**

1. Corporation Name

**D. M. SALES ASSOCIATES, INC.**



Principal Place of Business

**P.O. BOX 688  
ORANGE PARK FL 32073**

Mailing Address

**P.O. BOX 688  
ORANGE PARK FL 32073**

3. Date Incorporated or Qualified

**05/05/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-3312173**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWINK, RITA L  
7273 103RD ST  
JACKSONVILLE FL 32210**

81 Name

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

83

84 City

**FL**

85

Zip Code

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 current registered agent

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **D SWINK, DONALD W**  
STREET ADDRESS **2838 ADMIRALS WALK DR**  
CITY-STATE-ZIP **ORANGE PARK FL 32073**

1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

TITLE  DELETE  
NAME **D SWINK, RITA L**  
STREET ADDRESS **2838 ADMIRALS WALK DR**  
CITY-STATE-ZIP **ORANGE PARK FL 32073**

5. TITLE  Change  Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY-STATE-ZIP

TITLE  DELETE  
NAME **D BRANNON, MATTHEW D**  
STREET ADDRESS **5512 FORREST DR**  
CITY-STATE-ZIP **ORANGE PARK FL 32073**

9. TITLE  Change  Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY-STATE-ZIP

TITLE  DELETE  
NAME **D BRANNON, DANETTE D**  
STREET ADDRESS **5512 FORREST DR**  
CITY-STATE-ZIP **ORANGE PARK FL 32073**

13. TITLE  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

17. TITLE  Change  Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

21. TITLE  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY-STATE-ZIP

**700001863227  
-06/17/96--01021--044  
\*\*\*200.00**

*Handwritten signature and date: S. L. 96*

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: *Donald W. Swink*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten date: 7/2/96* *Handwritten number: 904-772-9445*

CR2E034 (12/95)