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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P95000088724 (6)**

DAVID GREGORY ENTERPRISES. INC.

Principal Place of Business Mailing Address 281 BRAEBURN CIR. 281 BRAEBURN CIR. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114-7189 3. Date Incorporated or Qualified 3a. Date of Last Report 11/17/1995 05/01/1996 Applied For 2. Principal Flace of Business 2a. Mailing Address 4. FEI Number 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 25 Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEEKS, DAVID G 281 BRAEBURN CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) **DAYTONA BEACH FL 32114** 83 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 for 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature type dior printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Change Addition 1.1 TITLE felt f WEEKS, DAVID G. NAMS 1.2 NAME 281 BRAEBURN CIR. 1.3 STREET ADDRESS STREET ADDRESS. DAYTONA BEACH FL 32114 14 CHTY-ST-ZIP DELETÉ Change Addition 2.1 TITLE 101.6 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST ZIL DELETE Change Addition Tifte 31 TITLE 3.2 NAME NAME STELL ALRIBESS 3.3 STREET ADDRESS CHY-ST ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAM: 4.3 STREET ADDRESS S. REEL ADDRESS 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE BBG 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CHY-ST ZIP DELETE 6.1 TITLE Change Addition THEF 62 NAME N4M STREET ADDRESS 6.3 STREET ADDRESS Dity-St-ZiP 6.4 CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information supplied with this filing 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.

FILED

Apr 29 1997 8:00am

Secretary of State

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