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03-04-1999 90239 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000088781

1. Corporation Name

D.K. FLATWOODS, INC.

Principal Place of Business

12901 STATE ROAD 54  
ODESSA FL 33556

Mailing Address

12901 STATE ROAD 54  
ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1995

4. FEI Number

65-0635070

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 922  
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

25

29 33556

30

PASCO

9. Name and Address of Current Registered Agent

MALONE, L. KIM  
12901 STATE ROAD 54  
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

33556

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 GLENN A MINARDI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-99

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME MALONE, L. KIM  
STREET ADDRESS 12901 STATE ROAD 54  
CITY-ST-ZIP ODESSA FL 33556

TITLE DST  
NAME PHILLIPS, R. DALE  
STREET ADDRESS 13249 BLISSFIELD ROAD  
CITY-ST-ZIP ODESSA FL 33556

TITLE DV  
NAME MINARDI, GLENN A  
STREET ADDRESS 14748 SASSANDRA DRIVE  
CITY-ST-ZIP ODESSA FL 33556

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 DP  
1.2 NAME GLENN A. MINARDI  
1.3 STREET ADDRESS 14748 SASSANDRA DR  
1.4 CITY-ST-ZIP ODESSA FL 33556

2.1 TITLE DV  
2.2 NAME MALONE, L. KIM  
2.3 STREET ADDRESS 12901 STATE ROAD 54  
2.4 CITY-ST-ZIP ODESSA FL 33556

3.1 TITLE DSTV  
3.2 NAME PHILLIPS, R. DALE  
3.3 STREET ADDRESS 13249 BLISSFIELD ROAD  
3.4 CITY-ST-ZIP ODESSA FL 33556

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-99

813-926-8802

CR2E034 (1/98)