## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000088934 (1) DOCUMENT #

**FILED** Mar 18 1998 8:00am Secretary of State

DJKT ENTERPRISES INC. Principal Place of Business Mailing Address 848 BLOUNTSTOWN HIGHWAY 848 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304 TALLAHASSEE FL 32304-2714 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3350390 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired П 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes ☐ No 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DYE. JIMMY 317 E. CALL STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 84 City 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 registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE \_\_\_ Addition LEONE, DONALD T 1.2 NAME NAME 1217 BLOUNTSTOWN HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32304 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LEONE, JEAN A NAME 2.2 NAME 1217 BLOUNTSTOWN HIGHWAY STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32304 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-21P 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing doe indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or trustee of Block 12 or Block 13 if changed, or on an attachment with agrae. not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an pone do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: