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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P96000013665

1. Corporation Name: DAPR INC

Principal Place of Business

Mailing Address: 3 ALMOND TR LANE, OCALA, FL 34472

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2-9-96

2. Principal Place of Business
21: 3 Almond Tr Lane
Suite, Apt. #, etc.
22:
City & State
23: Ocala FL
Zip
24: 34472
Country
25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 59-349 8491 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: DAVID HAMMAR
82 Street Address (P.O. Box Number is Not Acceptable): 3 ALMOND TRAIL LANE
83
84 City: OCALA **FL** 85 Zip Code: 34472

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] DAVID HAMMAR 4-28-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE		1.1 TITLE	P ☐ Change ☒ Addition
NAME		1.2 NAME	DAVID HAMMAR
STREET ADDRESS		1.3 STREET ADDRESS	3 ALMOND TRAIL LANE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	OCALA FL 34472
TITLE ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	200002540732
STREET ADDRESS		6.3 STREET ADDRESS	-05/29/98--01031--033
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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.

SIGNATURE: [signature] DAVID HAMMAR 4-28-98 352-694-9678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #