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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000025917 (1)

DRAGONLAND ENTERPRISES, INC.

Principal Place of Business	Mailing Addres
ROUTE 3. BOX 3181	ROUTE 3. BOX

## FILED Apr 28 1997 8:00am Secretary of State



ROUTE 3, BOX 3181 ROUTE 3, BOX 3181 OUINCY FL 32351 OUINCY FL 32351-9521								
					3. Date Incorporated or Qualified 03/18/1996	3a. Date of L	ast Report	
2. Principal Place of Business 2e. Mailing Address				4. FEI Number		Applied For		
21		26	26		59-3377298	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	cing <b>\$5.00</b> May Be		
23		28	28		Trust Fund Contribution	Added to Fees		
Zip	Country	Žip	Co	untry		or intangible tax under s. 199.032,		
24	25	29	30					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
208 NORTH MAIN STREET HAVANA FL 32333				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
l				<b>84</b> City		FL  85	Zip Code	
11. Pursuant to office or re agent. I an	o the provisions of Sections 6 gistered agent, or both, in the namiliar with, and accept the	07.0502 and 607.1508, Florid a State of Florida, Such chang a obligations of, Section 607.0	a Statutes, the a ge was authoriza 1505, Florida Sta	above-named ad by the cor atutes.	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of change ept the appointme	ging its registered and as registered	
SIGNATURE	Signature, typed or printed harne of regis	tored agent and title if applicable	(NOTE Hogister	co Agent signatur	o required when reinstating)	DATE		
12.	OF FICE I	RS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFF			
TITLE	PD	□ DEI	ETE : 1.11	NTLE	<b>V</b>	Ch	ange 🔼 Addition	
NAME STREET ADDRESS	MEYERS, REGAN ROUTE 3, BOX 3181			NAME. STREET ADDRESS	G.C. MEYERS ROUTE 3, BOX 3181			
	QUINCY FL 32351	•			QUINCY, F1. 32351			
CITY-ST-ZIP	QUINCT FL 32331	DE		DITY-ST-ZIP	3/7	Ch	arige Addition	
NAME		E.J. Ori		NAME	M.P. MEYERS		ungo Danton	
STREET ADDRESS					ROUTE 3, Box 3/81		!	
					A ( 3 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
CITY-ST-ZIP TITLE		DEL		CITY-S1-ZIP	QUINCY, F1. 32351	[.] Ch	ange Addition	
. 1		<u></u>	1		1	L_ (ri	ange Audition	
NAME				NAME				
STREET ADDRESS				STHEET ADDRESS				
CITY-ST-ZIP	<del></del>	DEL		CITY-ST-ZIP		110	Addition	
TITLE		Det		1111		☐ Ch	ange L Addition	
NAME				NAME			ĺ	
STREET ADDRESS			4.3 :	STREET ADDRESS				
City-St-ZIP			~	CITY- ST- ZIP				
TETLE		☐ DEI		MLE	1	L_ Ch	ange Addition	
NAME			521	NAME	İ			
STREET ADDRESS			5.3 9	STREET ADDRESS				
CITY-ST-ZIP				CITY - ST - ZIP				
TITLE		□ DEI	.ETE 6.1	TITLE		☐ Ch	ange 🔲 Addition	
NAME			6.21	AVWE				
STREET ADDRESS			63:	STREET ADDRESS			j	
CITY-ST-ZIP				DITY-ST-ZIP				
	y certify that the information s	upplied with this filing does n			stated in Section 119.07(3)(i), Florida Statu	tes. I further certify	that the	

6. For hereby certify that the information supplied with this filling does not equally for the exemption stated in Section 119.07(3)(i), Florida Statutes, I former certify that the information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under each; 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:

3000 Textended 10

4/15/97

904-875-3841