

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
98 NOV -2 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P96000037471
D & S UNLIMITED, INC.
1188 FOXFORREST CIR
Apopka FL 32712

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4-26-96

4. FEI Number

59-3489949

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

DAVID L. DAWKINS
1188 FOXFORREST CIR
Apopka FL 32712

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

David L. Dawkins

8-14-98

Signature, type or print name of registered agent, and date (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DAVID L. DAWKINS

STREET ADDRESS 1188 FOXFORREST CIR

CITY-ST-ZIP Apopka FL 32712

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE:

David L. Dawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Dawkins 407 884 4660
9/14/98

Date Daytime Phone #

CR2E034 (5/98)

(2)

DAVID L. DAWKINS
1188 FOXFORREST CIRCLE
APOPKA, FLORIDA 32712

September 14, 1998

DEAR SIRs,
ENCLOSED PLEASE FIND MY CHECK IN THE AMOUNT OF ONE HUNDRED FIFTY DOLLARS, AS PER INSTRUCTIONS. I HAVE TWO CORPORATIONS, I DID NOT RECEIVE THE FIRST NOTICE FOR EITHER CORPORATION. I RECEIVED A 2ND NOTICE FOR MY OTHER CORPORATION, CALLED, WAS TOLD WHAT TO DO AND SENT IN THE FORM WITH AN EXPLANATION. THIS CORPORATION HAS BEEN AN UNUSED CO. AND I NEVER THOUGHT ABOUT IT UNTIL NOW. I REALIZED THAT I HAD NOT RECEIVED ANYTHING FOR THIS CORP, I AGAIN CALLED AND I FOUND OUT WHAT TO DO. I REQUESTED THE FORM YOU NOW SEE AND AM FILING THE ANNUAL REPORT.
THANK YOU FOR THIS CONSIDERATION,

DAVID L. DAWKINS

