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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600041101 (2)

DIY, INC.

Principal Place of Business

Mailing Address

## FILED May 01 1997 8:00am Secretary of State



27830 WISCONSIN STREET BONITA SPRINGS FL 33959		POST OFFICE BOX 1751 BONITA SPRINGS FL 34133-1751								
					3. Date Inc 05/06/	orporated or Qualified	3a. Date of	Last Re	oport	
	lace of Business	2a. Mailing Address			4. FEI Num	ber	1/	Ap	plied For	
21 Outo A-4	# <del></del>	Suite, Apt. #, etc.			62 -	066865		L	t Applicable	
Sulte, Apt. 22 / 63	15 Kentucky St	27 Suite, Apr. #, etc.			5. Certifica	te of Status Desired	1,1	Fee Re	Additional quired	
23 Chy & State	retar Speinez				1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
24 34 l	1135 25 USA 29 30			ntry	8. This corporation has hability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑-No					
	9. Name and Address of Current I		10. Name and Address of New Registered Agent							
	WN, HOWARD L ESQ		81 Name							
800 LAUREL OAK DRIVE #400				82 Street Address (P.O. Box Number is Not Acceptable)						
NAPLES FL 33963				83						
				84 City			FL 85	Zip C	>ode	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statuti	es, the al	ove-named	corporation submits	this statement for the	purpose of char	L nging its	s registered	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both in the State of m familiar with, and a contribution	i Florida. Such ebange was a ons of, Section 60 .0503. Fic	authorize origla Stat	il By the corp utels.	poration's board of c	lirectors. hereby acce	pt the appointm	ent as	registered	
SIGNATURE	agi	M M	$\mathcal{M}$	$\mathcal{N}$	~ (c	00's) 4	121/97	7		
	Signature, typed or printed name of registered agent			Agent signature	required when reinstating)		DATE			
12.	OFFICERS AND	DIR <b>SO</b> TORS DELETE	13.	n t	ADDITION	IS/CHANGES TO OFFIC		ECTOR: Change	S IN 12 Addition	
NAME	BRACKEN, GARY R	otter	1.2 N/				_			
STREET ADDRESS	27830 WISCONSIN STREET			REET ADDRESS	10315	Kentuck	y St,			
CITY-ST-ZIP	BONITA SPRINGS FL 33959			IY-SI-ZIP	Bonita	Kentuck Springs,	FL 3	:41	35	
TITLE		☐ DELETE	2110			- 3433333	, <u> </u>	hange	Addition	
NAME			22 N/	ME						
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NAME			3.2 N/							
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NAME			4. 2 N					nange		
STREET ADDRESS				REET ADORESS					1	
CITY-ST-ZIP			4.4 CI	1Y - \$1 - ZIP						
TITLE		DELETE	5.1 To	ILE		<del></del>		Change	Addition	
NAME			5.2 N/	.ME						
STREET ADDRESS			5.3 \$1	REET ADDRESS						
CITY-ST-ZIP		T DELETE		TY-S1-ZIP	ļ <u>.</u>					
TITLE		☐ DELETE	6.1 10					Change	☐ Addition	
NAME			6.2 N/							
STREET ADDRESS				REE1 ADDRESS						
CITY-ST-ZIP		<u> </u>	6.4 C	TY-ST-ZIP	L					

I do 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to Accute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it or block in the corporation or an attach in the man address.