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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 **DOCUMENT #** P96000045222

1. Corporation Name

DNMT, INC.

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90225 038 \*\*\*150.00



Principal Place of Business Mailing Address				[ 1001/100] see 101/0 07/11 00/11 00/12 00/11 00/11 01/10 11/01 11/01 11/01 11/01 11/01	
12367 CACHET COURT 12367 CACHET COURT					
JACKSONVILLE FL 32223 JACKSONVILLE FL 32223					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					05/21/1996
2 Oringinal Di	Inco of Business	2a. Mailing Address			4. FEI Number 5 7 338 (25 2 Applied For
					NOT APPLICABLE Not Applicable
21 7 14 State Ko. 15 N . 26 Suite, Apt. #, etc.					\$8.75 Additional
					5. Certificate of Status Desired Fee Required
22 Suite 8 City & State					6. Election Campaign Financing \$5.00 May Be
23 Jackson ville FL 28 B					Trust Fund Contribution Added to Fees
Zip Country Zip Cour					8. This corporation owes the current year Intangible
24 32259 25 USA 29 30					Personal Property Tax.
24 300	9. Name and Address of Current	<del></del>	$\Box$		10. Name and Address of New Registered Agent
81 Name					
BROWN, DAVID S				Street Add	ress (P.O. Box Number is Not Acceptable)
12367 CACHET COURT			82	Stieet Add	1655 (F.O. BOX Nulliber is Not Acceptable)
JACKSONVILLE FL 32223			83		
					85 Zip Code
			84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes, th	e above	e-named corp	poration submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was authori	izea by i	the corporati	ion's board of directors. I hereby accept the appointment as registered
•	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida C	maiaico.	•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regist	tered Agen	t signature require	ed when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE 1	.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, DAVID S	1	2 NAME	ļ	
STREET ADDRESS		1	I.3 STREET	ADORESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	1	I.4 CITY-ST	r-zip	
TITLE	T	☐ DELETE 2	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, NATALIE M	2	2.2 NAME	}	
STREET ADDRESS	12367 CACHET COURT	. 2	2.3 STREET	ADDRESS	
CITY-ST-ZIP -~	JACKSONVILLE FL 32223	- 4	2. 4 CITY-S	T-ZIP -	
TITLE	UNDITIONALE OF SEEE		3.1 TITLE		☐ Change ☐ Addition
NAME		3	3.2 NAME	)	
STREET ADDRESS		3	3.3 STREET	ADDRESS	
CITY-ST-ZIP		2	3,4. CITY-S	T-ZIP	
TITLE			1.1 TITLE		☐ Change ☐ Addition
NAME		1	4. 2 NAME		
STREET ADDRESS		4	3 STREET	ADDRESS	
l			4.4 CITY-ST	1	
CITY-ST-ZIP TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	TADDRESS	į
1			5.4 CITY+ST		
CITY-ST-ZIP	-		6.1 TITLE		☐ Change ☐ Addition
í			6.2 NAME	- 1	
NAME				FADDRESS	
STREET ADDRESS			RACITY-ST		

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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)