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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT Sandra B. Mort Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000056739 (1)

1. Corporation Name

D & P MANAGEMENT INVESTMENTS, INC.

Principal Place of Business

984 HWY 441 SE
OKEECHOBEE FL 34974

Mailing Address

984 HWY 441 SE
OKEECHOBEE FL 34974-7423

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Country

28 Zip

25 29 30

b. Name and Address of Current Registered Agent

ORY, DON
984 HWY 441 SE
OKEECHOBEE FL 34974

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at 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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ORY, DON
STREET ADDRESS 3312 SE 18 TERR
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D
NAME ORY, PATTIE
STREET ADDRESS 3312 SE 18 TERR
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. Date Incorporated or Qualified

07/05/1996

3a. Date of Last Report

4. FEI Number

65-0682008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

Name

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

City

FL

85

Zip Code

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 NAME
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 NAME
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 NAME
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 NAME
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 NAME
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 NAME
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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Change

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14. 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BANK

1-9-97

CR2E034 (9/96)