## FILE NOW: FILING FEE AFTER MAY 1ST IS

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTME OF STATE

> Sandra B. Md ham

Secretary of : ite

DIVISION OF CORP RATIONS

## DOCUMENT # P96000067535 (0)

DAIGNEAULT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**FILED** May 06 1998 8:00am Secretary of State



| P.O. BOX 2081<br>SANTA ROSA BEACH FL 32459 |   | P.O. BOX 2061<br>SANTA ROSA BEACH F                                   | P.O. BOX 2061<br>Santa Rosa Beach FL 32459       |                       | DO NOT WRITE IN THIS                                | SPACE                             |
|--|---|---|--|-----------------------|---|-----------------------------------|
|  |   |   |  |                       | 3. Date Incorporated or Qualified                   |                                   |
| 0.0000000000000000000000000000000000000    | Name of Divisions   | A. M  |  |                       | 08/09/1996  |                                   |
| <u> </u>                                   | Place of Business   | 2a. Mailing Address   | <del>                                     </del> |                       | 4. FEI Number                                       | Applied For                       |
| 21 Sulto Ast                               | # ato   | Suite Ant # etc   |  |                       | 59:3396091  | Not Applicable                    |
| Sulte, Apt.                                |   | Suite, Apt. #, etc.   | 27   |                       | 5. Certificate of Status Desired                    | \$8.75 Additional<br>Fee Required |
| City & Stat                                |   | City & State  | <del> </del>                                     |                       | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be<br>Added to Fees    |
| Zip 24                                     | Country 25  | 24p   | Count<br>30                                      | ry<br>                |   | Yes No                            |
|  | 9. Name and Address of Cu   | rrent Registered Agent  |  |                       | 10. Name and Address of New Registered              | l Agent                           |
|  | igneault, diane   |   | 8  | 1 Name                |   |                                   |
| 5 BAYOU RD.<br>SANTA ROSA BEACH FL 32549   |   |   |  | 2 Street Add          | lress (P.O. Box Number is Not Acceptable)           |                                   |
| [  |   |   | 8  | 3                     |   |                                   |
|  |   |   | 8  | 4 City                | FI  | 85 Zip Code                       |
| 11. Pursuant                               | to the provisions of Sections 607.  | 0502 and 607.1508, Florida Statu                                      | utes, the abo                                    | ve-named cor          | poration submits this statement for the purpose     | of changing its registered        |
| office or r                                | registered agent, or both, in the Si<br>am <u>famil</u> iar with, and accept the ol | tate of Florida. Such change was<br>Higations of, Section 607.0505. F | authorized i<br>Jorida Statut                    | by the corpora<br>es. | ation's board of directors. I hereby accept the ap  | pointment as registered           |
| 1  |   | Dannen  | 4  |                       | 4-  | 10-68                             |
| SIGNATURE                                  | Signature Sie on Similar mine of require  | Lage of and little and or able  | )1£ Registered A                                 | gent signalure requ   | ired when reinstating) DATE                         |                                   |
| 12.  | OFFICERS  | AND DIRECTORS   | 13.  |                       | ADDITIONS/CHANGES TO OFFICERS AN                    | D DIRECTORS IN 12                 |
| TITLE                                      | <b>P</b>  | ☐ DELETE  | 1.1 TiTLS  |                       |   | ☐ Change ☐ Addition               |
| NAME                                       | DAIGNEAULT, DIANE   |   | 1.2 NAM  | F                     |   |                                   |
| STREET ADDRESS                             | 5 BAYOU ROAD, P.O. BOX  | X 2061  | 1.3 STRE   | ET ADDRESS            |   |                                   |
| CITY-ST-ZIP                                | SANTA ROSA FL   |   | 1.4 CITY   | -ST-ZIP               |   |                                   |
| TITLE                                      |   | ☐ DELETE  | 2.1 TITLE  |                       |   | Change Addition                   |
| NAME                                       |   |   | 2.2 NAM  | E                     |   |                                   |
| STREET ADDRESS                             | 1   |   | 2.3 STRE   | ET ADDRESS            |   |                                   |
| CITY-ST-ZIP                                | <u> </u>  |   | 2. 4 C(TY  | -ST-ZIP               |   |                                   |
| TITLE                                      |   | ☐ DELETE  | 3.1 10146  |                       |   | Change Addition                   |
| NAME                                       |   |   | 3.2 NAM  | E                     |   |                                   |
| STREET ADDRESS                             |   |   | 3.3 STRE   | ET ADDRESS            |   |                                   |
| CITY-ST-ZIP                                |   | ·   | 3.4. CITY  | - ST- ZIP             |   |                                   |
| TITLE                                      |   | ☐ DELETE  | 4.1 TITLE  |                       |   | ☐ Change ☐ Addition               |
| NAME                                       |   |   | 4. 2 NAV   | NE                    |   |                                   |
| STREET ADDRESS                             |   |   | 4 3 STRE   | ET ADDRESS            |   |                                   |
| CITY-ST-ZIP                                |   |   |  | -ST-ZIP               |   |                                   |
| TITLE                                      |   | DELETE  | 5.1 TITLE  |                       |   | Change Addition                   |
| NAME                                       |   |   | 5.2 NAM  | E                     |   |                                   |
| STREET ADDRESS                             |   |   | 5.3 \$1R£  | et address            | •   |                                   |
| CITY-ST-ZIP                                |   |   | 5.4 CITY   |                       |   |                                   |
| TITLE                                      |   | ☐ DELETE  | 6.1 TITLE  |                       |   | Change Addition                   |
| NAME                                       |   |   | 6.2 NAM  | E                     |   |                                   |
| STREET ADDRESS                             |   |   | 6.3 STRE   | E1 ADDRESS            |   | 1                                 |
| CITY-ST-ZIP                                |   |   | 6.4 CITY   | -ST-ZIP               |   |                                   |

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.