

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90057 017 \*\*\*150.00

DOCUMENT # P96000082967

1. Corporation Name  
D & S PROPERTIES, INC.

Principal Place of Business

~~6853 CEDAR RIDGE DR~~  
~~PENSACOLA FL 32526~~

Mailing Address

~~6853 CEDAR RIDGE DR~~  
~~PENSACOLA FL 32526~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8608 Eight Mile Creek Rd  
Suite, Apt. #, etc.

22 City & State  
Pensacola, FL

23 Zip Country  
32526

24 32526 25

2a. Mailing Address

26 8608 Eight Mile Creek Rd.  
Suite, Apt. #, etc.

27 City & State  
Pensacola, FL

28 Zip Country  
32526

29 32526 30

3. Date Incorporated or Qualified

10/04/1996

4. FEI Number  
59-3407565

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing - ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STURGEN, WILLIAM M JR  
2253 COUNTRY PLACE DR  
PENSACOLA FL 32534-9501

10. Name and Address of New Registered Agent

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 607.1508, 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

*William M Sturgen Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DPT  
SPERANZO, DANIEL J  
STREET ADDRESS  
6853 CEDAR RIDGE DR  
CITY-ST-ZIP  
PENSACOLA FL

TITLE ☐ DELETE

NAME  
DVPS  
SPERANZO, SHERRY D  
STREET ADDRESS  
6853 CEDAR RIDGE DR  
CITY-ST-ZIP  
PENSACOLA FL

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/29/99

850 941-2587

Date

Daytime Phone #

CR2E034 (11/98)

0537123