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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90121 021 \*\*\*150.00

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1. Corporation Name  
DMS MFG. INC.



Principal Place of Business  
215 E OSCEOLA AVE  
LAKE WALES FL 33853

Mailing Address  
215 E OSCEOLA AVE  
LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUGUENIN, TERRY  
2104 US 17 S  
BARTOW FL 33830

81 Name

HUGUENIN, TERRY

82 Street Address (P.O. Box Number is not Acceptable)

215 OSCEOLA AVE

83

84 City

LAKE WALES

FL

85 Zip Code

33853

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

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

☐ DELETE

NAME

HUGUENIN, TERRY

STREET ADDRESS

2104 US 17 S

CITY-ST-ZIP

BARTOW FL 33830

TITLE

D

☐ DELETE

NAME

HOLT, VIRGIL

STREET ADDRESS

483 SE LAKEVIEW DR

CITY-ST-ZIP

SEBRING FL 33870

TITLE

D

☐ DELETE

NAME

FRANKLIN, DENNIS

STREET ADDRESS

215 E OSCEOLA AVE

CITY-ST-ZIP

LAKE WALES FL 33853

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

D

☒ Change ☐ Addition

1.2 NAME

HUGUENIN, TERRY

1.3 STREET ADDRESS

215 OSCEOLA AVE

1.4 CITY-ST-ZIP

LAKE WALES, FL 33853

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99 941-626-3989

Date

Daytime Phone #

0431352

CR2E034 (11/98)