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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700021165 (0)

DCD OF SNEAD ISLAND, INC.

FILED Feb 18 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		
4316 CALOOSA DRIVE 4316 CALOOSA DR				
PALMETTO FL 34221		PALMETTO FL 34221		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal Pl	ace of Business	2a. Mailing Address		03/03/1997 4. FEI Number Applied For
21 26				4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		¢0.75
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No N
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
	S sell e, dale B		81 Name	
4316 CALOOSA DRIVE			82 Street	Address (P.O. Box Number is Not Acceptable)
PALMETTO FL 34221				,,
			83	
			84 City	■■ 65 Zip Code
				FL '
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.				
agent. I an	n familiar with, and accept the oblig	gations of, Section 697.0505, F	lauthorized by the cor florida Statutes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Osla B. W	enello	Note B 1	Secrelle Director 2-11-98
	Signature, typed or printed name of registered ac		TE: Registered Agent signatur	p required when reinflating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	☐ DELET E	1.1 TITLE	☐ Change ☐ Addition
NAME	DESSELLE, DALE B		1.2 NAME	
STREET ADDRESS	4316 CALOOSA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY+ST-ZIP	
TITLE	D DECORAGE OF THE COLUMN TO TH	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DESSELLE, CAROLE D		2.2 NAME	
STREET ADDRESS	4316 CALOOSA DRIVE		2.3 STREET ADDRESS	,
CITY-ST-ZIP	PALMETTO FL 34221	☐ DELETE	2. 4 CITY-ST-ZIP	
TITLE			3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	
TITLE		L DELETE	4.1 TITLE	Change Addition
NAME ATREET ARROSCO			: 4. 2 NAME	
STREET ADDRESS			4.3 STHEET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	
				☐ Change ☐ Addition
NAME OTDEET ADDRESS			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- \$1-ZIP	[Above
NAME		C DECEIE	6.1 TITLE	L Change L Addition
STREET ADDRESS			6.2 NAME	
			6.3 STREET ADDRESS	
City-S1-ZiP	ertify that the information supplied v	vilh this filing does not qualify f	or the exemption state	nd in Section 119 07(3)(i). Florida Statutes, Unither certify that the information
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 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.				