

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

DOCUMENT # P97000024736

1. Corporation Name

DRIS ENTERPRISES, INC.

Principal Place of Business

**29 NORTH PINELLAS AVENUE
TARPON SPRINGS FL 34689
US**

Mailing Address

**2469 ENTERPRISE ROAD
SUITE B
CLEARWATER FL 33763
US**

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

03-09-1999 90146 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1997

4. FEI Number

59-3435417

Applied For

Not Applicable

5. Certificate of Status Desired: ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

**21 2469 Enterprise Road
Suite, Apt. #, etc.
22 Suite B**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 Clearwater, Florida

Zip

24 33763

Country

25 U.S.A.

Zip

Country

30

9. Name and Address of Current Registered Agent

**DRIS, MICHAEL E ESQ
29 NORTH PINELLAS AVENUE
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

**81 Name
Michael E. Dris, Esq.**

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

2469 Enterprise Road,

83 Suite B

**84 City
Clearwater**

FL

**85 Zip Code
33763**

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

Michael E. Dris, Esq.

3/1/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME
DRIS, MICHAEL E
STREET ADDRESS
29 NORTH PINELLAS AVENUE
CITY-ST-ZIP
TARPON SPRINGS FL 34689**

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**

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
2469 Enterprise Road, Suite B
1.4 CITY-ST-ZIP
Clearwater, Florida 33763**

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

3/1/99 (727) 712-9121

Date

Daytime Phone #

CR2E034 (1/1/98)