

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000042962 (5)

1. Corporation Name

DAJAC ENTERPRISES, INC.

Principal Place of Business

317 EAST CALL STREET  
TALLAHASSEE FL 32302

Mailing Address

317 EAST CALL STREET  
TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

59-3505595

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No NA

2. Principal Place of Business

2a. Mailing Address

21 3072 Ironwood Dr.

26 3072 Ironwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tallahassee Fl.

28 Tallahassee Fl.

Zip

Country

Zip

Country

24 32308

25 USA

29 32308

30 USA

9. Name and Address of Current Registered Agent

DYE, JIM L  
317 EAST CALL STREET  
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name Jacqueline Stroffolino

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

3072 Ironwood Dr.

83

84 City Tallahassee

FL

85 Zip Code

32308

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 Jacqueline Stroffolino, President

Signature typed or printed name of registered agent and that it applies

(NOTE: Registered Agent Signature Required when reinstating)

DATE

4-8-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STROFFOLINO, DAVID W	
STREET ADDRESS	317 E. CALL ST-	
CITY - ST - ZIP	TALLAHASSEE FL 32302	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STROFFOLINO, JACQUELINE	
STREET ADDRESS	317 E. CALL ST-	
CITY - ST - ZIP	TALLAHASSEE FL 32302	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David W. Stroffolino	
1.3 STREET ADDRESS	3072 Ironwood Dr.	
1.4 CITY - ST - ZIP	Tallahassee, Fl. 32308	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jacqueline Stroffolino	
2.3 STREET ADDRESS	3072 Ironwood Dr.	
2.4 CITY - ST - ZIP	Tallahassee, Fl. 32308	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Jacqueline Stroffolino, President

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CR2E034 (10/97)