


FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90151 048 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000025282

1. Corporation Name
D & L SERVICES, INC.



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| Principal Place of Business 14110 PERDIDO KEY DR., UNIT C-1 PENSACOLA FL 32507 | | Mailing Address 14110 PERDIDO KEY DR., UNIT C-1 PENSACOLA FL 32507 | | 3. Date Incorporated or Qualified 03/16/1998 | |
| 21. Principal Place of Business 8200 Hwy 98 West Suite, Apt. #, etc. E234 City & State Pensacola FL Zip 32507 | | 22. Mailing Address 8200 Hwy 98 West Suite, Apt. #, etc. E234 City & State Pensacola FL Zip 32507 | | 4. FEI Number 59-3496190 | |
| 23. Certificate of Status Desired <input type="checkbox"/> | | 24. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 5. Additional Fee Required \$8.75 | |
| 25. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 26. Name and Address of Current Registered Agent NICKERSON, MYRON E 4738 HURON DR. PENSACOLA FL 32507 | | 27. Name and Address of New Registered Agent | |

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.

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| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OP KIRKSEY, DEANNA 8701 EIGHT MILE CREEK RD. PENSACOLA FL 32526 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Kirksey, Deanna 8701 Eight Mile Creek Rd. Pensacola FL 32526 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST NICKERSON, MYRON E 4738 HURON DR. PENSACOLA FL 32507 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> Resigned Feb 28, 1999 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NICKERSON, LINDA G 4738 HURON DR. PENSACOLA FL 32507 | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> Resigned Feb 28, 1999 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |

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]* **March 24 1999**
 Date: **850-992-1611**

CR2E034 (11/98)