Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90118 037 ***150.00

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 # P98000028777

1. Corporation Name

DNI ADVERTISING AGENCY INC

DING ADI	LITIONA AGENOTI MO				
Principal Plac	e of Business	Mailing Address		- 1 100((00) 310 1010 1011 0011 0011 0011 0011 00	ı
1630-22ND STREET NORTH 1630-22ND STREET NORTH					
ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713					
				DO NOT WRITE IN THIS SPACE	_
				3. Date Incorporated or Qualifed 03/25/1998	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	_
21		26	<u>. </u>	59-3502433 Not Applicable	ie
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22				Fee Required	\dashv
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution S.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	\neg
24	25	29	30	Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
	7110 10V0E:1		81 Name		Į.
PERKINS, JOYCE A.			82 Street	Address (P.O. Box Number is Not Acceptable)	\dashv
1630-22ND STREET NORTH					
ST. PETERSBURG FL 33713			83		ĺ
			84 City	85 Zip Code	\dashv
				FL	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was au	thorized by the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	and the Proceedings			· · · · · · · · · · · · · · · · · · ·	-
	Signature, typed or printed name of registered agent		Registered Agent signature r		-
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	ion
TITLE	PD TERROR	☐ DELETE	1.1 TITLE	. Criange Addin	011
NAME	WOODWARD, TERRY D		1.2 NAME		Ì
STREET ADDRESS	1630-22ND STREET NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713	N DELETE	1.4 CITY-ST-ZIP	Change Additi	ion
TITLE	VP	®© DELETE	2.1 TITLE		۱,,
NAME	BARMORE, DAVID		2.2 NAME		İ
STREET ADDRESS	1630-22ND STREET NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713	☐ DELETE	2.4 CITY-\$T-ZIP 3.1 TITLE	☐ Change ☐ Additi	ion
TITLE	I VP	CI OCCEIE	3.1 TILE 3.2 NAME		
NAME	1630-22ND STREET NORTH		1		-
STREET ADDRESS	ST. PETERSBURG FL 33713		3.3 STREET ADDRESS		1
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Additi	on
TITLE	DEDIVING IOVOE A	רו הריכוב			-"
NAME .	PERKINS, JOYCE A 1630-22ND STREET NORTH		4. 2 NAME	7	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Additi	ion
TITLE '	S NANCY I	□ pere ie	5.1 IIILE 5.2 NAME	· · ·	

CITY-ST-ZIP治學 首部等 <u>全部第5条 第</u>》是最 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 of 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 attaction with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS 医抗性溶液 动态 拉 心态 动

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1630-22ND STREET NORTH

ST. PETERSBURG FL 33713

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition