

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 07, 1999 8:00 am
Secretary of State

07-07-1999 90005 046 ***150.00

DOCUMENT # P98000039310

1. Corporation Name
DCH ENTERPRISES, INC.

Principal Place of Business
**4757 GRANDOAKS CIRCLE
MARIANNA FL 32446**

Mailing Address
**4757 GRANDOAKS CIRCLE
MARIANNA FL 32446**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1998

4. FEI Number

59-3511654

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.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**JOHNSTON, HAROLD E
4757 GRANDOAKS CIRCLE
MARIANNA FL 32446**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
PRESIDENT
1.2 NAME
HAROLD E. JOHNSTON
1.3 STREET ADDRESS
4757 GRANDOAKS CIRCLE
1.4 CITY-ST-ZIP
MARIANNA, FL 32446

2.1 TITLE ☐ Change ☒ Addition
SECRETARY-TREASURER
2.2 NAME
DELORES H. JOHNSTON
2.3 STREET ADDRESS
4757 GRANDOAKS CIRCLE
2.4 CITY-ST-ZIP
MARIANNA, FL 32446

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.

SIGNATURE: **DELORES H. JOHNSTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99

Date

850-482-8618

Daytime Phone #

0009148

CR2E034 (5/99)



QUIET HAVEN MOBILE HOME PARK

A Division of DCH Enterprises, Inc.
4757 Grandoaks Circle
Marianna, FL 32446

Phone: 850-482-8618
Fax: 850-482-8572
Email: haven@phoni.com

P98000039310
582275-90005-46

July 2, 1999

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This is to inform you that we did not receive the first notice.,

Sincerely,

Delores H. Johnston

Delores H. Johnston
Secretary/Treasurer

Ch #224