

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90077 025 ***150.00

DOCUMENT # P98000060633

1. Corporation Name

DARIES INSTALLATION, INC.



Principal Place of Business

**3542 FAIRWAY DR.
PALM HARBOR FL 34685**

Mailing Address

**3542 FAIRWAY DR.
PALM HARBOR FL 34685**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1998

4. FEI Number

59-3536070

☒ 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 tangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **Daries Installations Inc.**

Suite, Apt. #, etc.

22 **3542 Fairway Forest Dr.**

City & State

23 **Palm Harbor, FL**

Zip

24 **34685**

Country

25 **USA**

2a. Mailing Address

26 **Daries Installations Inc.**

Suite, Apt. #, etc.

27 **3542 Fairway Forest Dr.**

City & State

28 **Palm Harbor, FL**

Zip

29 **34685**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**DARIES, HEATHER L
3542 FAIRWAY DR.
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

81 Name

Daries, Heather L.

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

3542 Fairway Forest Dr.

83

84 **Palm Harbor, FL**

FL

85 Zip Code

34685

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: **Heather L. Daries**

(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 **D** ☐ DELETE
NAME **DARIES, HEATHER L**
STREET ADDRESS **3542 FAIRWAY DR.**
CITY-STATE-ZIP **PALM HARBOR FL 34685**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 307, 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:

Heather L. Daries

(Signature and typed or printed name of signing officer or director)

1-28-99

Date

727-285-9412

Daytime Phone #

CR2E034 (1/98)