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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Forris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800069232

1. Corporation Name

D.O.S. Diversified Outdoor Services, Inc.

Principal Place of Business Mailing Address

FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90013 015 ***150.00

Principal Place of Business	2a. Mailing Address			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed August 4, 1998 4. FEI Number		Applied For
□ 100 a - a -	26 358 S.W. 34	4 Ave	nue	65-0895331		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
22 27		_		5. Certificate of Status Desired	Fee	Required
City & State City & State City & State Deerfield Beach, FL Deerfield 1			h, FI	6. Election Campaign Financing Trust Fund Contribution	,	May Be
Zip Country Zip Countr			<i>.</i>	8. This corporation owes the current year Inta	ingible —	
						₩No
9. Name and Address of Current Re	10. Name and Address of New Registered A	gent				
Patricia Griffith 358 S.W. 34 Avenue Deerfield Beach, FL 33442			Name			
			82 Street Address (P.O. Box Number is Not Acceptable)			
•		83			,	
		84	City	FL	85 Zij	p 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: R	Registered Age	nt signature req	quired when reinstating) DATE		
12. OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS AND) DIRECT	FORS IN 12
TITLE PTS	☐ DELETE	1.1 TITLE			Change	e 🔲 Addition
NAME Robert S. Griffit	h	1.2 NAME				
STREET ADDRESS 358 SW 34 Avenue		1.3 STREE	TADDRESS]
CITY-ST-ZIP Deerfield Beach, 1		1.4 CITY-S	T-ZIP			<u></u>
TITLE D	☐ DELETE	2.1 TITLE	İ		Change	e 🔲 Addition
Identical difficult		2.2 NAME				
	- 350 DW 34 RVende		T ADDRESS			
CITY-ST-ZIP Deerfield Beach, I		2. 4 CITY-5	T-ZIP			
TITLE	☐ DELETE	3.1 TITLE			☐ Change	e 🔲 Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREE	ADDRESS			
CITY-ST-ZiP	[] DELETE	3.4. CITY-5	T-ZIP			
TITLE	☐ DELETE	4.1 TITLE			Change	e 🔲 Addition
NAME		4. 2 NAME				
STREET ADDRESS		H	ADDRESS			
CITY-ST-ZIP	☐ DELETE	4.4 CITY-S	T- ZIP		☐ Change	e [] Addition
TITLE	☐ DETE IE	5.1 TITLE 5.2 NAME			change	, LJ Addition
NAME		5.3 STREE	ADDRESS			
STREET ADDRESS		5.4 CITY-S				
CITY-ST-ZIP	☐ DELETE	6.1 TITLE)-ZIF		Change	Addition
TITLE	□ Vete)e	6.2 NAME				, LJ Addition
NAME		1	ADDESS			
STREET ADDRESS		6.3 STREET	Y			{
CITY-ST-ZIP		B 0.4 CHY-S	1-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, with all other like empowered.

Patricia Griffith, Director 4/27/99
SIGNING OFFICER OR DIRECTOR

Date