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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P98000105830

D. A. INVESTORS GROUP, INC.

Principal	Place (of Bus	iness

Mailing Address

3024 SE FT. KING STREET OCALA FL 34471

3024 SE FT. KING STREET

OCALA FL 34471

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

05-04-1999 90101 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/18/1998

2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number - 65 - 0899618		olied For
21		26	6		65-0017610		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	rtificate of Status Desired \$8.75 Additional Fee Required	
City & State	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23	_	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year	ntangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
				81 Name			
FITZGERALD, BEN W			82 Street A	ddress (P.O. Box Number is Not Acceptable)			
240-B SW 81H STREET			0				
OCALA FL 34474-4277			83	,			
				04 0:5:		85 Zip C	ode -
				84 City	F		1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the at	ove-named co	orporation submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florida. Such change was :	autnonzed	by the corpor	ation's board of directors. I hereby accept the app	omment as reg	pstered
=	in tamiliai with, and accept the obligant	one on equation for toods, in					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	Agent signature req	guired when reinstating) DATE		
12. /	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1,1 TIT	lE .	•	Change	☐ Addition
NAME	SAWAYA, FRANCES S		1.2 NA	ME .			
STREET ADDRESS	3024 SE FT. KING STREET	•	1.3 ST	REET ADDRESS			
CITY-ST-ZIP	OCALA FL 34471		1.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	2.1 TIT	LE .		Change	☐ Addition
NAME			2.2 NA	ME			1
STREET ADDRESS			· 2.3 ST	REET ADDRESS			
CITY-ST-ZIP	·		2. 4 Cf	TY-ST-ZIP			
TITLE		☐ DELETE	3.1 TIT	-		☐ Change	☐ Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT			☐ Change	☐ Addition
NAME		_	4.2 N				1
STREET ADDRESS			•	REET ADDRESS			. 1
CITY-ST-ZIP				ry-st-zip			` (
TITLE		☐ DELETE	5.1 717			☐ Change	☐ Addition
NAME			5.2 NA	ME	 ,		
STREET ADDRESS			5.3 ST	REET ADDRESS			ł
CITY-ST-ZIP			5.4 CIT	ry-st-zip			į
TITLE		☐ DELETE	6.1 TII	LE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			6.2 NA	ME			ļ
			6.3 ST	REET ADDRESS			ĺ
STREET ADDRESS				ry-ST-ZIP			İ
C/TY-ST-Z/P			U-101		in Castion 110 07/2Vi) Florida Statutes I further o		

Thereby 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 informatic 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.

GNATURE:

4-28-99