

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000061998

1. Entity Name

DMH ENTERPRISES OF ORANGE PARK, INC.



Principal Place of Business

C/O FRAZIER & FRAZIER, ATT. AT LAW, P.A.
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE, FL 32204

Mailing Address

C/O FRAZIER & FRAZIER, ATT. AT LAW, P.A.
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE, FL 32204



01092004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2894005

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, W. ROBINSON
C/O FRAZIER & FRAZIER, ATTOR. AT LAW, P.A.
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE, FL 32204

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HICKS, DAVID M
STREET ADDRESS	4705 ORTEGA BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DVP
NAME	FRAZIER, W. ROBINSON
STREET ADDRESS	1515 RIVERSIDE AVE STE A
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80047-024 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W. Robinson Frazier

1-9-04

(904)353-5616

Daytime Phone #