

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montherm
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S29328 (9)

1. Corporation Name

DRF ENTERPRISES, INC.

95 MAR 14 AM 7:54

Principal Place of Business

773 S NOVA RD
ORMOND BEACH FL 32174
US

Mailing Address

4 WISTERIA DRIVE
ORMOND BEACH FL 32178

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/04/1991

3a. Date of Last Report

04/20/1994

4. FEI Number

59-3046627

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORUNIER, DEBRA L
773 S NOVA ROAD
ORMOND BEACH FL 32174

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

Type or print (typed name of registered agent and the applicable

8031. Registered Agent signature and address (when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

FOURNIER, DEBRA L

STREET ADDRESS

4 WISTERIA DR

CITY, ST, ZIP

ORMOND BY THE SEA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

D

NAME

FOURNIER, ROGER A

STREET ADDRESS

4 WISTERIA DR

CITY, ST, ZIP

ORMOND BY THE SEA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change

☐ Addition

14. I declare to certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 personally, that I am an officer or director of this corporation or the receiver or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am an officer with no address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DEBRA L. FOURNIER

(Date)

(Signature File #)