


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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90063 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S50500

1. Corporation Name
DJ SALES, INC.

Principal Place of Business

**104 SKYLINE DRIVE
MURPHY NC 28906
US**

Mailing Address

**104 SKYLINE DRIVE
MURPHY NC 28906
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1106 Mill Hill Landing Road
Suite, Apt. #, etc.

22 Richmond Hill, Georgia

City & State

23 31324 USA

Zip

Country

24

2a. Mailing Address

25 1106 Mill Hill LANDING Rd
Suite, Apt. #, etc.

27 Richmond Hill, Georgia

City & State

28 31324 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**TAULBEE, TOM
502 MIRAMAR LANE
PALM BEACH FL 33410-2160**

3. Date Incorporated or Qualified

05/03/1991

4. FEI Number

65-0262214

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 intangible

Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PT	
NAME	BENSON, BETTY JEAN	
STREET ADDRESS	104 SKYLINE DRIVE	
CITY-ST-ZIP	MURPHY NC 28906	
TITLE	VP	
NAME	BENSON, DAVID O	
STREET ADDRESS	104 SKYLINE DR.	
CITY-ST-ZIP	MURPHY NC 28906	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	VP		
1.2 NAME	Benson, Betty Jean		
1.3 STREET ADDRESS	1106 Mill Hill Landing Road		
1.4 CITY-ST-ZIP	Richmond Hill, GA 31324		
2.1 TITLE	PT		
2.2 NAME	Benson, David O.		
2.3 STREET ADDRESS	1106 Mill Hill Landing Rd		
2.4 CITY-ST-ZIP	Richmond Hill, GA 31324		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David O. Benson

1/21/99

Date

912-727-4680

Daytime Phone

CR2E034 (11/98)