FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S75644** **(2)**

1. Corporation Name
D.S. HINDS, INC.

Principal Place of Business	Mailing Address
3100 N. WASHINGTON BLVD. SARASOTA FL 34234	3216 17TH ST. SARASOTA FL 34235 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1991
3a. Date of Last Report: 06/06/1994

2. Principal Place of Business (21):
2a. Mailing Address (26): 1003 EAST AVE N.
Suite, Apt. #, etc (22):
Suite, Apt. #, etc. (27): B
City & State (23):
City & State (28): SARASOTA, FL
Zip (24): Country (25):
Zip (29): 34237 Country (30): SARASOTA

4. FEI Number: 65-0282881 ☐ 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

9. Name and Address of Current Registered Agent

SERBECK, BOBBIE J.
3100 N. WASHINGTON BLVD.
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name: SCALES (SERBECK)BOBBIE J.
82 Street Address (P.O. Box Number is Not Acceptable): 1003 EAST AVE. NORTH
83: B
84 City: SARASOTA FL 85 Zip Code: 34237

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: BOBBIE J. SERBECK SCALES
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUGHERTY, CAROL 5920 - 91ST ST., E. BRADENTON FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERBECK, BOBBIE J. 3006 LINWOOD DRIVE SARASOTA FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	NAME X ☒ Change ☐ Addition D SCALES (SERBECK) BOBBIE, J. 3006 LINWOOD DRIVE SARASOTA, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	500001490045 -05/17/95--01023--009 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	BS 5/12 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Bobbie J. Scales 5/5/95 8139535403
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

004A01 CP