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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V07962

(6)

Mailing Address
SHARWOOD DRIVE

D.G.S. CONTRACTING INC.

Principal Place of Business

SHARWOOD DR

FILED
Apr 07 1997 8:00am
Secretary of State

SUITE 420 NAPLES FL 339	942	SUITE 420 NAPLES FL 33942					· · · · · · · · · · · · · · · · · · ·		
us ·		US	<b>U\$</b>			<ol> <li>Date Incorporated or Qualified</li> <li>01/21/1992</li> </ol>	e of Last Report		
	Place of Business	2a. Mailing Address				4. FEI Number 65-0309251			Applied For
<b>21</b> ] Suite, Apt.	#. elc	Suite, Apt. #, etc.						\$8.	Not Applicable  75 Additional
22	.,	27				5. Certificate of Status Desired			e Required
City & Sta	te	City & State		*******		6. Election Campaign Financing		\$5.	.00 May Be
23		28	1 6			Trust Fund Contribution			ded to Fees
- Ζφ 	Country	Zip	<b>⊢</b> ¬	ntry		8. This corporation has liability for in Florida Statutes		tax und <b>7</b> No	ler s. 199.032,
24	25 9. Name and Address of Curre	29] ent Registered Agent	30			10. Name and Address of New Reg		X	<del></del>
SWE	ET, DAVID G.		······································	81	Name		.,	-E	AV
	SHARWOOD DRIVE			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
	LES FL 33942				JI OOI AU	Circles (1.0. Dox Hamber is 140 Pocopies			
				83					
				84	City			85	Zip Code
					•		<u>FL</u>		
office or	to the provisions of Sections 607.05 registered agent, or both, in the Statant familiar with, and accept the obli	te of Florida. Such change was	authorize	d by	the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of the appo	changi bintmer	ng its registered it as registered
SIGNATURE	Signature, typied or printed name of registered a	14 - 15 - 16				nited when reinstates)	DATE		
12,		ND DIRECTORS	13.	- Age	nt signature ret	quired when reinstating)  ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN 12
THLE	D	DELETE	1.1 (	TLE				☐ Cha	
NAME	SWEET, GREG		1.2 N	AME					
STREET ADORESS	4963 PEPPER CIRCLE 206D		1.3 \$	FREET	ADDRESS	7. 			
001Y-81-20F	NAPLES FL		1.40	TY-S	T - ZIP				-1
TiTLE	D	DELETE	211	TLE				Cha	ange L Addition
NAME	SWEET, DAVID G.		22 N	AME					
\$TREET ADDRESS	420 SHARWOOD DRIVE				ADDRESS				
CITY - ST - ZIP	NAPLES FL	DELETE	2.4 C		ST-ZIP			Cha	inge
TIME		find Differe	3.1 N					Land Olse	ilde Fill vogitori
NAME STREET ADDRESS					ADDRESS				
CHY-ST-ZIF					ST-ZIP				
TIL:F		DELETE	4.1 7		<u>" "                                   </u>			Cha	ange 🔲 Addition
NAME			4. 2 #	IAME					
STREET ADDRESS.			4.3 S	TREET	ADDRESS				
CITY - \$1 - 7#P			4.4 0	ITY-S	ST-ZIP		<del> </del>		
THE		☐ DELETE	5.1 T	TLE				L] Cha	ange 🔲 Addition
NAV:			5.2 N	AME					
STREET ADDRESS			5.3 \$	TREET	ADDRESS				
City - S1 - ZiP		T 65, 550		*******	ST - 21P			TIG	nga Addition
1016		DELETE	6.1 1					L Cha	ange L Addition
NAME			6.2 N						
SAREET ADDRESS		4			ADDRESS				
City - ST - 7IP	1	ind with this filing door not out			SI-ZIP	ted in Section 119 07(3)(i) Florida Statute	e I further	certify.	that the

4. I do horeby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information endicated 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:

SIGNATURE AND YPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

03/27/97 441 594 Capture Phone W