FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # V17241 (3)

1. Corporation Name

D-PRO, INC.

Principal Place of Business	Mailing Address
396 MOORING LINE DRIVE NAPLES FL 33940	396 MOORING LINE DRIVE NAPLES FL 33940

3. Date Incorporated or Qualified: 02/26/1992
3a. Date of Last Report: 03/09/1995
4. FEI Number: 65-0315802 ☐ 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 P.O. Box 1179
22 Suite, Apt #, etc.
23 City & State: BONITA SPRINGS, FL
24 Zip: 33959 25 Country: LEE

2a. Mailing Address
26 P.O. Box 1179
27 Suite, Apt #, etc.
28 City & State: BONITA SPRINGS, FL
29 Zip: 33959 30 Country: LEE

9. **Name and Address of Current Registered Agent**

MCGEE, JAMES L.
396 MOORING LINE DRIVE
NAPLES FL 33940

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 28792 WILD COFFEE CT.
83
84 City BONITA SPRINGS FL 85 Zip Code 33923

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	28792 Wild Coffee Ct. ☒ Change ☐ Addition
NAME	MCGEE, JAMES L.		1.2 NAME	Bonita Springs, FL 33923
STREET ADDRESS	396 MOORING LINE DR.		1.3 STREET ADDRESS	P.O. Box 1179
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33959
TITLE	D	☐ DELETE	2.1 TITLE	28792 Wild Coffee Ct. ☒ Change ☐ Addition
NAME	MCGEE, J. DENNIS		2.2 NAME	Bonita Springs, FL 33923
STREET ADDRESS	396 MOORING LINE DR.		2.3 STREET ADDRESS	P.O. Box 1179
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33959
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	100001875391 ☐ Change ☐ Addition
NAME			5.2 NAME	-06/25/96--01106--035
STREET ADDRESS			5.3 STREET ADDRESS	***225.00
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

6/96

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)(k), 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: ______ 5/16/96 941 992-0711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)