SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

FILED
Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # **V30145** **(9)**

1. Corporation Name
DMD, INC.

Principal Place of Business
6950 CENTRAL AVENUE
SUITE 180
ST. PETERSBURG FL 33707

Mailing Address
6950 CENTRAL AVENUE
SUITE 180
ST. PETERSBURG FL 33707

3. Date Incorporated or Qualified: **04/16/1992**
3a. Date of Last Report: **08/01/1995**
4. FEI Number: **59-3119157** 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 [XX] No

2. Principal Place of Business
21 6950 Central Ave.
Suite, Apt. #, etc.
22 #160
City & State
23 St. Petersburg, FL
Zip 24 33707 Country 25

2a. Mailing Address
26 PO Box 47397
Suite, Apt. #, etc.
27
City & State
28 St. Petersburg, FL
Zip 29 33743 Country 30

9. Name and Address of Current Registered Agent
CARD, ALLYCE M.
6950 CENTRAL AVENUE
SUITE 180
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6950 Central Avenue Suite 160
83
84 City St. Petersburg FL 85 Zip Code 33707

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 _____ (NOTE: Registered Agent signature required when resignation) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D,S	☐ DELETE
NAME	CARD, ALLYCE M.	
STREET ADDRESS	6950 CENTRAL AVENUE #180	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP,D	☐ Change [X] Addition
1.2 NAME	Kathryn A. Davis	
1.3 STREET ADDRESS	1143 Milwaukee St.	
1.4 CITY-ST-ZIP	Denver, CO 80206	
2.1 TITLE	P,D	☐ Change [X] Addition
2.2 NAME	John A. McGary	
2.3 STREET ADDRESS	20640 Highway 82	
2.4 CITY-ST-ZIP	Basalt, CO 81621	
3.1 TITLE	D,S	[XX] Change ☐ Addition
3.2 NAME	Allyce M. Card	
3.3 STREET ADDRESS	6950 Central Avenue #160	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33707	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Allyce M. Card — Allyce M. Card — Secretary — (813) 343-7478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

CR2E034 (3/96)