

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V38958 (7)

1. Corporation Name

D'MAR ENTERPRISES, INC.



Principal Place of Business
100 MUIRFIELD COVE E.
#80 MARINA COVE DR.
NICEVILLE FL 32578
US

Mailing Address
100 MUIRFIELD COVE E
#80 MARINA COVE DR.
NICEVILLE FL 32578
US

3. Date Incorporated or Qualified 05/26/1992	3a. Date of Last Report 04/27/1995
4. FEI Number 91-1102985	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. 199.039 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 100 MUIRFIELD COVE E Suite, Apt. #, etc. 22 City & State 23 NICEVILLE, FL. Zip 24 32578 Country 25 USA	2a. Mailing Address 26 100 MUIRFIELD COVE E. Suite, Apt. #, etc. 27 City & State 28 NICEVILLE, FL. Zip 29 32578 Country 30 USA
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9. Name and Address of Current Registered Agent

RUTTER, RICHARD P.
#80 MARINA COVE VILLAGE
BAY DR
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name RUTTER, RICHARD P.	85 Zip Code 32578
82 Street Address (P.O. Box Number is Not Acceptable) 100 MUIRFIELD COVE E.	
83	
84 City NICEVILLE	FL

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 type that print or name of registered agent and date of appointment.

(If 11b Registered Agent signature required when reappointing)

7/10/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUTTER, RICHARD P. 80 MARINA COVE VILLAGE NICEVILLE FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PO RUTTER, RICHARD P. 100 MUIRFIELD COVE E. NICEVILLE, FL. 32578 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDS RUTTER, MARCIA B. 80 MARINA COVE VILLAGE NICEVILLE FL ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	TOS RUTTER, MARCIA B. 100 MUIRFIELD COVE E. NICEVILLE, FL. 32578 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marina B. Rutter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96 904-897-6609

CR2E034 (3/96)