

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V48509

Entity Name: D.R. MABRY, INC.

FILED  
Jan 05, 2009  
Secretary of State

## Current Principal Place of Business:

1048 1/2 HWY 92 WEST  
AUBURNDALE, FL 33823 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1830  
AUBURNDALE, FL 33823 US

## New Mailing Address:

FEI Number: 59-3137640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MABRY, DANNY  
1048 1/2 HWY 92 WEST  
AUBURNDALE, FL 33823 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JODY L. MABRY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MABRY, DANNY,  
Address: 1048 1/2 HWY 92 WEST  
City-St-Zip: AUBURNDALE, FL 33823

Title: V ( ) Delete  
Name: DAVIDSON, GERALD E  
Address: 707 COUNTRY LANE N.  
City-St-Zip: WINTER HAVEN, FL 33881

Title: S ( ) Delete  
Name: GUY, NICHOLE R  
Address: 913 KRISTINA CT.  
City-St-Zip: AUBURNDALE, FL 33823

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MABRY, JODY L  
Address: 4376 W. CR 550 NORTH  
City-St-Zip: FRANKFORT, IN 46041

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY L. MABRY

Electronic Signature of Signing Officer or Director

VP

01/05/2009

Date