

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90015 022 ***150.00

DOCUMENT # V71095

1. Corporation Name
DKRI, INC.

Principal Place of Business
**450 S.W. 210TH AVENUE
DUNNELLON FL 34431**

Mailing Address
**P. O. BOX 3008
OCALA FL 34478
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1992

4. FEI Number
59-3215163

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **P.O. Box 3008**
Suite, Apt. #, etc.

2a. Mailing Address
26 **P.O. Box 3008**
Suite, Apt. #, etc.

22 City & State
23 **OCALA, FL.**

27 City & State
28 **OCALA, FL.**

24 Zip
34478

29 Zip
34478

9. Name and Address of Current Registered Agent
**ROBERTS, DILLON K
450 SW 210TH AVENUE
DUNNELLON FL 34431**

10. Name and Address of New Registered Agent
81 Name **DARYL L. COLLIER**
82 Street Address (P.O. Box Number is Not Acceptable)
550 NE 25TH AVE
83
84 City **OCALA** FL 85 Zip Code **34470**

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 **Daryl L. Collier**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/25/99**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PVS	ROBERTS, DILLON KEITH	450 S.W. 210TH AVE	DUNNELLON FL	<input type="checkbox"/>
TD	ROBERTS, DILLON KEITH	450 S.W. 210TH AVE	DUNNELLON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **Daryl L. Collier**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99 352-622-4141
Date Daytime Phone #

CR2E034 (11/98)