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Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **J67022** **(0)**

1. Corporation Name
DAT'L-DO-IT, INC.

Principal Place of Business	Mailing Address
3255 PARKER DR ST AUGUSTINE FL 32095 US	50 WILLOW DRIVE ST AUGUSTINE FL 32084 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1987

4. FEI Number: 59-2834794 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 3255 Parker Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 St. Aug. FL.
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 32085 / Country 30

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

BOLES, JOSEPH L., JR
120 CHARLOTTE STREET
ST AUGUSTINE FL 32084

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

81 Name: Upchurch, Bailey + Upchurch *
82 Street Address (P.O. Box Number is Not Acceptable): 780 N. Ponce de Leon Blvd
83: PO DRAWER 3067
84 City: ST. Augustine FL 85 Zip Code: 32084

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: Tracy Wilson Upchurch — Signature, type or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: Tracy Wilson Upchurch

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Mary Causey 701 Queen Rd St. Augustine, FL 32086	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAY, CHRISTOPHER K. 50 WILLOW DR ST AUGUSTINE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Christopher K. Way 39 Avista Circle St. Aug. FL 32084	☑ 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

CR2E034 (10/97)

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.

SIGNATURE: Christopher K. Way 1-22-98 904 824 2609