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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000001807 (3)
1. Corporation Name
DAFMIC, INC.



Principal Place of Business: COPELAND STREET, OLDTOWN FL 32680
Mailing Address: POST OFFICE BOX 1913, OLD TOWN FL 32680

3. Date Incorporated or Qualified: 03/27/1997
4. FEI Number: 59-3491392
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: TIERNEY, DEBORAH, COPELAND STREET, OLDTOWN FL 32680

10. Name and Address of New Registered Agent: VICKIE BOYD, P.O. BOX 1913, COPELAND STREET, OLD TOWN, FL 32680

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Vickie Boyd (Vickie Boyd) Treasurer 2-17-98

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Deborah Tierney	
STREET ADDRESS	HC1 Box 1055	
CITY-ST-ZIP	Old Town Fla 32680	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Ruth Margay	
STREET ADDRESS	HC 4 Box 356	
CITY-ST-ZIP	Old Town, Fla 32680	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Vickie Boyd	
STREET ADDRESS	Rt 3 Box 552	
CITY-ST-ZIP	Old Town, Fla 32680	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Jane Boyd	
STREET ADDRESS	HC 2 Box 101	
CITY-ST-ZIP	Old Town Fla 32680	
TITLE	Board Director	<input type="checkbox"/> DELETE
NAME	Paul Deason	
STREET ADDRESS	P.O. Box 1180	
CITY-ST-ZIP	Cross City Fla 32628	
TITLE	Safety Officer	<input type="checkbox"/> DELETE
NAME	Dolores Salanon	
STREET ADDRESS	P.O. Box 1865	
CITY-ST-ZIP	Cross City Fla 32628	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Deborah Tierney "D"	
1.3 STREET ADDRESS	HC 1 Box 1055	
1.4 CITY-ST-ZIP	Old Town, Fla 32680	
2.1 TITLE	Vice President "D"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ruth Margay	
2.3 STREET ADDRESS	HC 4 Box 356	
2.4 CITY-ST-ZIP	Old Town, Fla 32680	
3.1 TITLE	Treasurer "D"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vickie Boyd	
3.3 STREET ADDRESS	Rt 3 Box 552	
3.4 CITY-ST-ZIP	Old Town, Fla 32680	
4.1 TITLE	Secretary "T"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jane Boyd	
4.3 STREET ADDRESS	HC 2 Box 101	
4.4 CITY-ST-ZIP	Old Town Fla 32680	
5.1 TITLE	Board Director "T"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Paul Deason	
5.3 STREET ADDRESS	P.O. Box 1180 MAIN ST.	
5.4 CITY-ST-ZIP	Cross City Fla 32628	
6.1 TITLE	Safety Officer "T"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dolores Salanon	
6.3 STREET ADDRESS	P.O. Box 1865 Carter St.	
6.4 CITY-ST-ZIP	Cross City Fla 32628	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vickie Boyd 2-17-98 352408-5287

CFR2037 (10/97)