


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90034 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001807

1. Corporation Name
DAFMIC, INC.

Principal Place of Business
**COPELAND STREET
 OLDTOWN FL 32680**

Mailing Address
**POST OFFICE BOX 1913
 OLD TOWN FL 32680**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3491392	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOYD, VICKIE P. O. BOX 1913 COPELAND ST OLD TOWN FL 32680				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXGAY, RUTH	1.2 NAME	
STREET ADDRESS	HC4 BOX 356	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL 32680	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, VICKIE	2.2 NAME	TD Boyd, Vickie
STREET ADDRESS	ROUTE 3, BOX 552	2.3 STREET ADDRESS	HC 3 BOX 552
CITY-ST-ZIP	OLD TOWN FL 32680	2.4 CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, JANE	3.2 NAME	PD Boyd, Jane
STREET ADDRESS	HC2 BOX 101	3.3 STREET ADDRESS	HC 2 BOX 101
CITY-ST-ZIP	OLD TOWN FL 32680	3.4 CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	BDT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBSON, PAUL	4.2 NAME	BDT AVERILL, Richard D.
STREET ADDRESS	P. O. BOX 1180 MAIN ST	4.3 STREET ADDRESS	P.O. BOX 1109 AIRPORT Rd.
CITY-ST-ZIP	CROSS CITY FL 32628	4.4 CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	SOT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALANON, DOLORES	5.2 NAME	
STREET ADDRESS	P. O. BOX 1865 CARTER ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL 32628	5.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIERNEY, DEBORAH	6.2 NAME	ST LISA BREWER
STREET ADDRESS	HC 1 BOX 1053	6.3 STREET ADDRESS	P.O. BOX 1403 LITTLE AL Rd.
CITY-ST-ZIP	OLD TOWN FL 32680	6.4 CITY-ST-ZIP	OLD TOWN, FL 32680

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, with all other like empowered.

SIGNATURE: Vickie Boyd **REQUIRED Vickie Boyd 1-19-99 352-498-5287**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)