

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90246 013 ****61.25

DOCUMENT # N97000001807

1. Entity Name

DAFMIC, INC.

Principal Place of Business

Mailing Address

**DIXIE COUNTY HIGH SCHOOL
 P O BOX 2251
 CROSS CITY FL 32628**

**DIXIE COUNTY HIGH SCHOOL
 P O BOX 2251
 CROSS CITY FL 32628**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3491392

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

A0083588



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BORCHELLER, SANDY
 975 COTTRELL AVE
 P O BOX 1936
 CROSS CITY FL 32628**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Sandy Borcheller

8/31/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P SMITH, WILLMONTEEN R**
 STREET ADDRESS **P O BOX 838**
 CITY-ST-ZIP **CROSS CITY FL 32628**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP ANKRUM, VERA**
 STREET ADDRESS **P O BOX 2525**
 CITY-ST-ZIP **CROSS CITY FL 32628**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S KUHN, LINDA**
 STREET ADDRESS **HC 4 BOX 173**
 CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE Change Addition
 NAME **Secretary Jackie Phelps**
 STREET ADDRESS **PO Box 3393**
 CITY-ST-ZIP **Cross City FL 32628**

TITLE Delete
 NAME **T BORCHELLER, SANDY**
 STREET ADDRESS **P O BOX 1936**
 CITY-ST-ZIP **CROSS CITY FL 32628**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SOT TALANON, DOLORES**
 STREET ADDRESS **P. O. BOX 1865 CARTER ST**
 CITY-ST-ZIP **CROSS CITY FL 32628**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST BREWER, LISA**
 STREET ADDRESS **P.O. BOX 1403 LITTLE AL RD**
 CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Sandy Borcheller

8/31/01 357-100 5702

CR2E037 (5/01)