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Apr 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 637889
 1. Corporation Name
D.T.L. CORPORATION



Principal Place of Business C/O LAURA C JOHNSON 1081 9TH & HIGHWAY 50 WINTER GARDEN FL 34787	Mailing Address C/O LAURA C JOHNSON 1081 9TH & HIGHWAY 50 WINTER GARDEN FL 34787
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Same</i>		2a. Mailing Address <i>Same</i>		3. Date Incorporated or Qualified 09/28/1979	
21. <i>1081 9th St & Hwy 50</i>	26. <i>Same</i>	4. FEI Number 59-1933601		Applied For <input type="checkbox"/> Not Applicable	
22. <i>Winter Garden, FL</i>	27. <i>Same</i>	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. <i>34787</i>	28. <i>Same</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. <i>34787</i>	29. <i>FL</i>	30. <i>FL</i>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JOHNSON, LAURA C
1081 9TH & HWY 50
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<i>Johnson, Fred T.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REES, JOHN N.	1.2 NAME	<i>President</i>
STREET ADDRESS	P.O. BOX 1161	1.3 STREET ADDRESS	<i>1081 9th St & Hwy 50</i>
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	<i>Winter Garden, FL 34787</i>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICKELS, JOHN T.	2.2 NAME	<i>Pickels, Teresa J.</i>
STREET ADDRESS	665 GLENVIEW DR.	2.3 STREET ADDRESS	<i>665 Glenview Dr</i>
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	<i>Winter Garden, FL 34787</i>
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GOWLAND, JAN E.	3.2 NAME	
STREET ADDRESS	454 23RD ST. S.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	JOHNSON, LAURA CLARK	4.2 NAME	
STREET ADDRESS	1081 9TH & HWY 50	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	REES, LINDA J.	5.2 NAME	
STREET ADDRESS	195 E. TILDEN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	GOWLAND, DEBORAH J.	6.2 NAME	
STREET ADDRESS	454 23RD ST SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	6.4 CITY-ST-ZIP	

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: *Laura C. Johnson* **SIGNATURE REQUIRED** *Laura C. Johnson* 3-31-99 407-656-3355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD/ENR24-144108