

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90074 047 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G67089**

1. Corporation Name  
**DALE C. ROSSMAN, INC.**



Principal Place of Business  
**502 COUNTRY ROAD 640 EAST  
 POST OFFICE BOX 1021  
 MULBERRY FL 33860  
 US**

Mailing Address  
**P.O. BOX 1021  
 MULBERRY FL 33860  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22  
 23 City & State  
 24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified  
**10/26/1983**

4. FEI Number  
**59-2340401**

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSSMAN, DALE C.  
 321 IMPERIAL BLVD.  
 LAKELAND FL 33803**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**502 Country Rd 640 East**  
 83  
 84 City **Mulberry** FL 85 Zip Code **33860**

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

(NOTE: Registered Agent signature required when reinstating) DATE **2-22-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROSSMAN, DALE C.	
STREET ADDRESS	2160 SR 37 SOUTH	
CITY-ST-ZIP	MULBERRY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROWN, KENNETH D.	
STREET ADDRESS	2132 HOOFPRIANT LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	JORDAN, RONALD E	
STREET ADDRESS	3817 SCOVILL LANE	
CITY-ST-ZIP	VALRICO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BREDBENNER, TODD B	
STREET ADDRESS	404 EASTON DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARPENTER, FRANK J.	
STREET ADDRESS	5359 BLACK PINE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/22/99** Daytime Phone # **941-428-9300**

CR2E034 (1/198)