

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

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H26111** (5)
1. Corporation Name
DUPONT PUBLISHING, INC.



Principal Place of Business 2325 ULMERTON RD SUITE 16 CLEARWATER FL 34622 US	Mailing Address PO BOX 25237 TAMPA FL 33622-5237 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/12/1984	3a. Date of Last Report 08/15/1996
4. FEI Number 59-2469520	Applied For ☐ Yes ☒ Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent CHAPMAN, STEVEN B. 2325 ULMERTON RD SUITE 16 CLEARWATER FL 34622	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

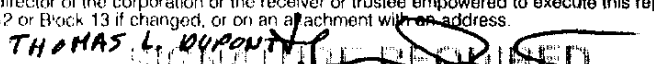
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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	
TITLE	☐ DELETE
NAME	DCS DUPONT, THOMAS L.
STREET ADDRESS	2502 ROCKY PT DR 1095
CITY-ST-ZIP	TAMPA FL
TITLE	☐ DELETE
NAME	PTD CHAPMAN, STEVEN
STREET ADDRESS	2502 ROCKY PT DR 1095
CITY-ST-ZIP	TAMPA FL
TITLE	☒ DELETE
NAME	D PERLIS, MICHAEL S.
STREET ADDRESS	730 5TH AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	☐ DELETE
NAME	D Larry Dyer
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	SUITE 16 2325 ULMERTON RD
1.4 CITY-ST-ZIP	CLEARWATER FL 34622
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	Suite 16 2325 ULMERTON RD
2.4 CITY-ST-ZIP	Clearwater FL 34622
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	D DIERF, LARRY
4.3 STREET ADDRESS	Suite 16 2325 ULMERTON RD
4.4 CITY-ST-ZIP	Clearwater FL 34622
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D Chapman, Steve
5.3 STREET ADDRESS	Suite 16 2325 ULMERTON RD
5.4 CITY-ST-ZIP	Clearwater FL 34622
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	SLY, LINTON
6.3 STREET ADDRESS	Suite 16 2325 ULMERTON RD
6.4 CITY-ST-ZIP	Clearwater FL 34622

14. I do 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.

SIGNATURE: **THOMAS L. DUPONT** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4/14/97** Daytime Phone # **813 573-9339**

CR2E034 (9/96)