FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
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

DOCUMENT # **H26111** **(5)**

1. Corporation Name
DUPONT PUBLISHING, INC.

Principal Place of Business	Mailing Address
2325 ULMERTON RD SUITE 16 CLEARWATER FL 34622 US	PO BOX 25237 TAMPA FL 33622-5237 US

3. Date Incorporated or Qualified: **10/12/1984**
3a. Date of Last Report: **08/15/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: **59-2469520** ☐ Applied For ☐ 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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ 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	DCS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DUPONT, THOMAS L.		1.2 NAME		
STREET ADDRESS	2502 ROCKY PT DR 1095		1.3 STREET ADDRESS	SUITE 16 2325 ULMERTON RD	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	PTD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CHAPMAN, STEVEN		2.2 NAME		
STREET ADDRESS	2502 ROCKY PT DR 1095		2.3 STREET ADDRESS	SUITE 16 2325 ULMERTON RD	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERLIS, MICHAEL S.		3.2 NAME		
STREET ADDRESS	730 5TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	Larry Djerf		4.2 NAME	~~Larry~~ DJERF, LARRY	
STREET ADDRESS			4.3 STREET ADDRESS	Suite 16 2325 ULMERTON RD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Clearwater FL 34622	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	CHAPMAN, JOHN	
STREET ADDRESS			5.3 STREET ADDRESS	Ste 16 2325 ULMERTON RD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Clearwater FL 34622	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	SLY, CLINTON	
STREET ADDRESS			6.3 STREET ADDRESS	Suite 16 2325 ULMERTON RD	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Clearwater FL 34622	

CR2E034 (9/96)

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 REQUIRED 4/14/97 813 573-9339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #