SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 5/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

APPROVED AND FILED

94 JUN 13 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J94946** **(7)**

1. Corporation Name
DAGLEN, INC.

Mailing Address
301 E. MARIDIAN AVE., STE. #314
PO BOX 2337
DADE CITY FL 33526-9337

Principal Place of Business
301 E. MARIDIAN AVE., STE. #314
PO BOX 2337
DADE CITY FL 33526-9337

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/22/1987**
3a. Date of Last Report: **04/02/1993**

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2855939** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHRADER, JEROME G.
301 E. MERIDIAN AVE., STE. #314
DADE CITY FL 33526-9337

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if corporation (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS (1)
11 TITLE	P/D	
12 NAME	DAGGETT, HENRY A.	
13 STREET ADDRESS	P.O. BOX 441 N/A	
14 CITY-ST-ZIP	BRYANTVILLE MA	
21 TITLE	S/T/D	
22 NAME	ALLEN, RONALD E.	
23 STREET ADDRESS	1719 S. STAUNTON AVE.	
24 CITY-ST-ZIP	LAKELAND FL	
31 TITLE	D	
32 NAME	DAGGETT, DORIS I.	
33 STREET ADDRESS	P.O. BOX 441 N/A	
34 CITY-ST-ZIP	BRYANTVILLE MA	
41 TITLE	D	
42 NAME	ALLEN, SHIRLEY A.	
43 STREET ADDRESS	1719 S. STAUNTON AVE.	
44 CITY-ST-ZIP	LAKELAND FL	
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Ronald Allen Ronald Allen 6/8/94 904562-9199
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR — DATE — Daytime Phone #