## · FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

CORPORATION  ANNUAL REPORT  1996  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS					IONS		
1. Corporation	MENT # <b>P950</b> 0 DA TANK LINES, INC.	000777	21 (5)	)		1188/1884 (18 1818) 8101 8201 8301	
Dringing Blogs	of Christope	h4 %					
Principal Place of Business Mailing Address  1628 SOUTH 51ST STREET 1628 SOUTH 51ST STREET							
TAMPA FL 33	1619	TAMPA F	L 33619				
						<ol> <li>Date Incorporated or Qualified 10/10/1995</li> </ol>	3a. Date of Last Report
· ·	ace of Business		2a. Mailing Address			4. FEI Number 59 - 3352362	Applied For
Suite, Apt.	# etc	26 Suite	Apt. #, etc.			37-3332362	
22	m, 6to.	27	rqu. n, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State	9 .	City &	State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip		Countr	``````````````````````````````````````	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24	25	29		30	,	Florida Statutes Yes	
	<ol><li>Name and Address of Cur</li></ol>	rrent Registered A	gent			10. Name and Address of New	Registered Agent
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				84 es, the above	/	oration submits this statement for the pu	FL 85 Zip Code urpose of changing its registered office
or register familiar wi	red agent, or both, in the State of Fith, and accept the obligations of, S	forida Such change Section 607.0505, F	was authorizi lorida Statutes	ed by the cor	poration's boa	and of directors. I hereby accept the app	urpose or changing its registered office pointment as registered agent. I am
	Signature, typed or printed name of registurer a		(NO	TE Registered Ag	on signaturi, requi	ed wher renstating:	DATÉ
12.	OFFICERS PD	AND DIRECTORS	T DELETE	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
NAME	POLSELLI, RICHARD F	ι	DELETE	1 1 101.6			Change Addition
STREET ADDRESS	1628 SOUTH 51ST STREE	T		1.2 NAM6	T ADDRESS		
CITY - ST - ZIP	TAMPA FL 33619	•		14 QIIY			
TITLE	STD		DELETE	2 1 TITLE			Change Add-tion
NAME	LARAMEE, DAVID			2.2 NAME			
STREET ADDRESS	1628 SOUTH 51ST STREE	T		2.3 STREE	T ADDRESS		
CITY - ST - ZIP	TAMPA FL 33619			2.4 CHY-	ST ZIP		
TITLE			] DELETE	3 1 TITLE			☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP TITLE				3.4 CHY 4.1 THUE		I AM. TAP	Change Addition
NAME		L	_ 5000	4 2 NAME			El change El Addition
STREET ADDRESS					1 ADDRESS		
CITY-\$1-ZIP				4.4 CHY-			
TITLE			DELETE	5 1 TITLE		TOWARD COMMISSION OF THE PARTY	☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STHEE	T ADDRESS		
CITY-ST-ZIP			The second	5.4 CiTY -			
THILE		Γ	DELETE	6 + TI 1( F			☐ Change ☐ Addition

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)(k). 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 13 if changed, or on an attachment with an address.

64 CITY - ST- ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

Precident

CR2E034 (12/95)