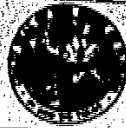


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		10/12/1984		03/18/1994	
22 Suite, Apt. #, etc.		4. FEI Number		Applied For	
27		59-2469520		Not Applicable	
23 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
29		☐		5.00 May Be Added to Fees	
24 Zip		6. Election Campaign Financing Trust Fund Contribution		☐	
25 Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☒ Yes ☐ No	
29		30			

**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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	DATE
NAME	DUPONT, THOMAS L.	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	2502 ROCKY PT DR 1095	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	PTD	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, STEVEN	2.2 NAME	
STREET ADDRESS	2502 ROCKY PT DR 1095	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	D	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		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

(813) 573-9339