

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90009 004 ***158.75

DOCUMENT # **K67041**

1. Corporation Name
DLR GROUP INC.

Principal Place of Business
LESCHER & MAHONEY, INC.
601 WEST SWANN AVENUE
TAMPA FL 33606-2727

Mailing Address
LESCHER & MAHONEY, INC.
601 WEST SWANN AVENUE
TAMPA FL 33606-2727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1989

4. FEI Number

47-0708506

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **XX**

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **DLR Group inc.**

Suite, Apt. #, etc.

22 **601 West Swann Avenue**

City & State

23 **Tampa, FL 33606-2727**

Zip Country

24 **USA**

2a. Mailing Address

26 **DLR Group inc.**

Suite, Apt. #, etc.

27 **400 Essex Ct. - Regency Pkwy**

City & State

28 **Omaha, NE 68114-3778**

Zip Country

29 **USA**

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **MERADITH, STAN**
CITY-ST-ZIP **601 W SWANN AVE**
TAMPA FL

TITLE ☐ DELETE

NAME **DS**
STREET ADDRESS **ROUBAL, JAMES P.**
CITY-ST-ZIP **601 W SWANN AVE**
TAMPA FL

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **HAINES, JOE**
CITY-ST-ZIP **601 W SWANN AVE**
TAMPA FL

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **CARLSON, ROBERT J**
CITY-ST-ZIP **601 W SWANN AVE**
TAMPA FL 33606-2727

TITLE ☒ DELETE

NAME **C**
STREET ADDRESS **ROUBAL, JAMES P.**
CITY-ST-ZIP **601 W SWANN AVE**
TAMPA FL

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **CONLEY, JAMES R**
CITY-ST-ZIP **601 W SWANN AVE**
TAMPA FL 33606-2727

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, P, T** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **D, V, S** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **D, V** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **V** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not include any information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report, if any, is true and correct. My signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation and that the information is true and correct as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or both, as required by Chapter 607, Florida Statutes.

SIGNATURE:

1-20-98 402393-4100

CR2E034 (11/98)