

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **177621** (0)

1. Corporation Name  
**DAY-DEX CO.**



Principal Place of Business  
**ERNIE D. MOTSINGER  
4725 N W 36TH AVENUE  
MIAMI FL 33142**

Mailing Address  
**ERNIE D. MOTSINGER  
4725 N W 36TH AVENUE  
MIAMI FL 33142**

3. Date Incorporated or Qualified  
**03/04/1954**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

**NOT APPLICABLE**

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

10. Name and Address of New Registered Agent

**MOTSINGER, J. KIM  
631 ORIOLE AVENUE  
MIAMI SPRINGS FL 33166**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
**V  
MOTSINGER, ERNIE D  
124 LENAPE DRIVE  
MIAMI SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
**ST  
MOTSINGER, PATRICA A.  
124 LENAPE DRIVE  
MIAMI SPRINGS FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
**PD  
MOTSINGER, J. KIM  
631 ORIOLE AVENUE  
MIAMI SPRINGS FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
**PD  
MOTSINGER, J. KIM  
631 ORIOLE AVENUE  
MIAMI SPRINGS FL**

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
**PD  
MOTSINGER, J. KIM  
631 ORIOLE AVENUE  
MIAMI SPRINGS FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
**PD  
MOTSINGER, J. KIM  
631 ORIOLE AVENUE  
MIAMI SPRINGS FL**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
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MOTSINGER, J. KIM  
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5.2 NAME ☐ Change ☐ Addition

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631 ORIOLE AVENUE  
MIAMI SPRINGS FL**

SIGNATURE: *J. Kim Motsinger* **J. Kim MOTSINGER, PD** **4-26-96** **635-5241**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)