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 27 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **231423** **(5)**

1. Corporation Name
DULIN, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
207-K KELSEY LANE ~~601 31ST SOUTH~~ TAMPA FL 33619 US	207-K KELSEY AVENUE ~~601 31ST SOUTH~~ TAMPA FL 33619 US

3. Date Incorporated or Qualified: **12/28/1959**
3a. Date of Last Report: **06/15/1994**

2. Principal Place of Business
21 **207-K Kelsey Lane**
22 Suite, Apt. #, etc.
23 City & State: **Tampa, FL**
24 Zip: **33619** 25 Country: **USA**

2a. Mailing Address
26 **207-K Kelsey Lane**
27 Suite, Apt. #, etc.
28 City & State: **Tampa, FL**
29 Zip: **33619** 30 Country: **USA**

4. FEI Number: **59-0681911** ☐ 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

~~CAROLYN S. MOYER~~
~~601 31ST STREET SOUTH, P.O. BOX 1109~~
~~8010 BULLARA DRIVE~~
~~TEMPLE TERRACE FL 33627~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable): 207-K Kelsey Lane
83
84 City: Tampa **FL** 85 Zip Code: 33619

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: X Carolyn S. Moyer Exec VP & CFO 4/17/95
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	~~PD~~	1.1 TITLE	CDS	☒ Change ☒ Addition
NAME	HAZELRIG, THOMAS R.	1.2 NAME	Hazelrig, Thomas R.	
STREET ADDRESS	10120 LINDELANN	1.3 STREET ADDRESS	10120 Lindelaan	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33618	
TITLE	~~EVPD~~	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	WOOD, RAY E.	2.2 NAME	Wood, Ray E.	
STREET ADDRESS	3812 STANLEY ROAD	2.3 STREET ADDRESS	3812 Stanley Road	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Plant City, FL 33565	
TITLE	~~T~~	3.1 TITLE	EVPT	☒ Change ☐ Addition
NAME	MOYER, CAROLYN S.	3.2 NAME	Moyer, Carolyn S.	
STREET ADDRESS	~~8010 BULLARA DRIVE~~	3.3 STREET ADDRESS	4005 Briarlake Drive	
CITY-ST-ZIP	~~TEMPLE TERRACE FL~~	3.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE	~~S~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~ORTIZ, ED~~	4.2 NAME		
STREET ADDRESS	~~1212 BLOOM HILL AVE.~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~VALRICO FL~~	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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Carolyn S. Moyer 4/17/95 (813) 628-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carolyn S. Moyer, Treasurer

000443 CP