

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 # 231423 (5)

1. Corporation Name
DULIN, INC.



Principal Place of Business

**207-K KELSEY LANE
604 34ST SOUTH
TAMPA FL 33619
US**

Mailing Address

**207-K KELSEY LANE
604 34ST SOUTH
TAMPA FL 33619
US**

3. Date Incorporated or Qualified
12/28/1959

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

2. Principal Place of Business
21 207-K Kelsey Lane

2a. Mailing Address

Suite, Apt. #, etc

22 City & State

27 City & State

23 Tampa

28 City & State

24 33619

25 Country

29 Zip

30 Country

4. FEI Number
59-0881911

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

**CAROLYN S. MOYER
207-K KELSEY LANE
8010 BULLARA DRIVE
TAMPA FL 33619**

81 Name
Carolyn S. Peet
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 *Carolyn S. Peet* **Carolyn S. Peet, Exec. VP & CFO** **4/22/96**
Signature typed or printed name of registered agent and format applicable (Printed Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDS <input type="checkbox"/> DELETE	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
NAME	HAZELRIG, THOMAS R.	1 2 NAME	
STREET ADDRESS	10120 LINDELANN	1 3 STREET ADDRESS	207-K Kelsey Lane
CITY-ST-ZIP	TAMPA FL	1 4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	PD <input type="checkbox"/> DELETE	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, RAY E.	2 2 NAME	
STREET ADDRESS	3812 STANLEY ROAD	2 3 STREET ADDRESS	207-K Kelsey Lane
CITY-ST-ZIP	PLANT CITY FL	2 4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	EVPT <input type="checkbox"/> DELETE	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER, CAROLYN S.	3 2 NAME	Peet, Carolyn S.
STREET ADDRESS	4005 BRIARLAKE DR	3 3 STREET ADDRESS	207-K Kelsey Lane
CITY-ST-ZIP	VALRICO FL	3 4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	S <input checked="" type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carolyn S. Peet* **Carolyn S. Peet** **4/22/96** **(813)628-4747**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone, if

CR2E034 (12/95)