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 MAR 23 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 238256 (2)

1. Corporation Name
MARCOTTE -DEL F- & ASSOCIATES INC

Principal Place of Business	Mailing Address
3050 S. DALE MABRY P. O. BOX 18386 TAMPA FL 33679-5386	3050 S. DALE MABRY P. O. BOX 18386 TAMPA FL 33679-5386

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/18/1960
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3965 HENDERSON BLVD.	26 3965 HENDERSON BLVD.
22 Suite, Apt. #, etc. P.O. Box 10493	27 Suite, Apt. #, etc. P.O. BOX 10493
23 City & State TAMPA FL	28 City & State TAMPA FL.
24 Zip 33679 25 Country	29 Zip 33679 30 Country

4. FEI Number: 59-0903713 ☐ 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

MARCOTTE, DENNIS R
~~3050 S. DALE MABRY~~
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3965 HENDERSON BLVD.
83
84 City TAMPA FL 85 Zip Code 33629

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 Dennis R Marcotte 3-13-95
(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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	MARCOTTE, FRANCIS J	1.2 NAME	
STREET ADDRESS	309 MONTE CRISTO BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	~~GRIFFIN, RITA L~~	2.2 NAME	
STREET ADDRESS	~~2813 TORONTO~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA, FL 00000~~	2.4 CITY-ST-ZIP	
TITLE	CTD	3.1 TITLE	☐ Change ☐ Addition
NAME	MARCOTTE, MAXINE R	3.2 NAME	
STREET ADDRESS	2403 ARDSON PL	3.3. STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	MARCOTTE, DENNIS	4.2 NAME	
STREET ADDRESS	2521 CROWDER LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	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)(i), 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: Dennis R Marcotte 3-13-95 813 286-123
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

DENNIS R. MARCOTTE

0304039 CR