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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:12

DOCUMENT # 322927 (5)

1. Corporation Name
DANIELS ENTERPRISES INC.

Principal Place of Business	Mailing Address
6401 9TH STREET NORTH ST. PETERSBURG FL 33702-6623	6401 9TH STREET NORTH ST. PETERSBURG FL 33702-6623

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/08/1967
3a. Date of Last Report: 04/01/1994

21 2. Principal Place of Business
26 2a. Mailing Address
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
23 City & State
28 City & State
24 Zip
25 Country
29 Zip
30 Country

4. FEI Number: 59-1212466 ☐ 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

DANIELS, THOMAS B. JR
6401 9TH ST N
ST PETERSBURG FL 33702

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 (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	☐ Change ☐ Addition
12 NAME	DUQUETTE, PAMELA	12 NAME	
13 STREET ADDRESS	6401 9TH ST NORTH	13 STREET ADDRESS	
14 CITY-ST-ZIP	ST PETE FL	14 CITY-ST-ZIP	
21 TITLE	ST	21 TITLE	☐ Change ☐ Addition
22 NAME	DANIELS, MICHAEL D	22 NAME	
23 STREET ADDRESS	6401 9TH ST N	23 STREET ADDRESS	
24 CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	DANIELS, THOMAS B JR	32 NAME	
33 STREET ADDRESS	6401 9TH ST N	33 STREET ADDRESS	
34 CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP	
41 TITLE	D	41 TITLE	☐ Change ☐ Addition
42 NAME	DANIELS, ROBERT L	42 NAME	
43 STREET ADDRESS	6401 9TH ST N	43 STREET ADDRESS	
44 CITY-ST-ZIP	ST PETERSBURG FL	44 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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: [signature], THOMAS B. DANIELS, JR. 2/20/95 (813)525-1564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000414 CP