

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 # **416149** (3)
1. Corporation Name
DULANDO AUTO BUG PROTECTOR COMPANY



Principal Place of Business: **365 COMMERCIAL ST P.O. BOX 180892 CASSELBERRY FL 32718-7892**
Mailing Address: **365 COMMERCIAL ST P.O. BOX 180892 CASSELBERRY FL 32718-7892**

3. Date Incorporated or Qualified: **01/08/1973** 3a. Date of Last Report: **02/24/1995**
4. FEI Number: **59-1433459** 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

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

9. Name and Address of Current Registered Agent: **TAULBEE, PETER M. 365 COMMERCIAL ST. CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAULBEE, ANN G.	12 NAME	VIO Taulbee, William P. II
STREET ADDRESS	2311 FIELDINGWOOD RD.	13 STREET ADDRESS	2136 Chinook Trail
CITY-STATE-ZIP	MAITLAND FL	14 CITY-STATE-ZIP	Maitland, FL 32751
TITLE	DPT <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAULBEE, PETER M.	22 NAME	
STREET ADDRESS	2311 FIELDINGWOOD RD.	23 STREET ADDRESS	
CITY-STATE-ZIP	MAITLAND FL	24 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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: *William P. Taulbee II* **William P. Taulbee II** 2/7/96 (407) 831-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)