## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)416149 **DULANDO AUTO BUG PROTECTOR COMPANY** Principal Place of Business Mailing Address 365 COMMERCIAL ST 365 COMMERCIAL ST P.O. BOX 180692 P.O. BOX 180892 CASSELBERRY FL 32718-7892 DO NOT WRITE IN THIS SPACE CASSELBERRY FL 32718-7892 3. Date Incorporated or Qualified 01/08/1973 2. Principal Place of Business
21 365 COMMERCIAL 2a. Mailing Address 4. FEI Number Applied For 59-1433459 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TAULBEE, PETER M. 365 COMMERCIAL ST. 82 Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 83 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. Jam familiar with and accept the obligations of Section 607.0505, Florida Statutes. Losev SIGNATUR ame of registered agent and title if applicab 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE \_\_\_ Change Addition 1,1 TITLE TAULBEE, ANN G. NAME 1.2 NAME 2311 FIELDINGWOOD RD. STREET ADDRESS 1.3 STREET ADDRESS MAITLAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITI F 2.1 TITLE Change Addition TAULBEE, PETER M. NAME 2.2 NAME 2311 FIELDINGWOOD RD. STREET ADDRESS 2.3 STREET ADDRESS MAITLAND FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition TAULBEE, WILLIAM P 3.2 NAME 2136 CHINOOK TRAIL STREET ADDRESS 3.3 STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 or an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

■ DELETE

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition