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FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 449612

(1)

1. Corporation Name

D.C. DIOUS SPECIALTY CO., INC.

Principal Place of Business

Mailing Address

804 E PLATT ST
TAMPA FL 33602
US

SUITE 1000 BARNETT PLAZA.
101 E. KENNEDY BLVD.
TAMPA FL 33602-5179



2. Principal Place of Business

21 502 E Channel Side Dr.

Suite, Apt. #, etc.

22 City & State
TAMPA, FL

23 Zip
33602

24 Country
USA

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2a. Mailing Address

26 P.O. Box 1363

Suite, Apt. #, etc.

27 City & State
TAMPA, FL

28 Zip
33601

29 Country
USA

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3. Date Incorporated or Qualified

03/20/1974

3a. Date of Last Report

03/26/1996

4. FEI Number

59-1536446

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$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

GIBBONS TUCKER SMITH MILLER WHATLEY & STEIN
SUITE 1000 BARNETT PLAZA.
101 E. KENNEDY BLVD.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
VTS
DIOUS, DAVID C III
STREET ADDRESS
37441 HICKORY HILL LN
CITY-ST-ZIP
DADE CITY FL

TITLE

NAME
PD
CUETO, PERRY MICHAEL
STREET ADDRESS
804 E PLATT ST
CITY-ST-ZIP
TAMPA FL

TITLE

NAME
D
DIOUS, DAVID C. III
STREET ADDRESS
37441 HICKORY HILL LN
CITY-ST-ZIP
DADE CITY FL

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

CR2E034 (9/96)