


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

FILED

May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mogtham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 449612 (1) 1. Corporation Name D.C. DIOUS SPECIALTY CO., INC.					
Principal Place of Business 502 E CHANNEL SIDE DR TAMPA FL 33602 US			Mailing Address P.O. BOX 1363 TAMPA FL 33601 US		
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		3. Date Incorporated or Qualified 03/20/1974 4. FEI Number 59-1536446 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) 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 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	VT	<input type="checkbox"/> DELETE	1.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIOUS, DAVID C III		1.2 NAME		
STREET ADDRESS	97441 HICKORY HILL LN		1.3 STREET ADDRESS	XXXXXXXXXXXX 33316 Darby Trail	
CITY-ST-ZIP	DADE CITY FL		1.4 CITY-ST-ZIP	XXXXXXXXXXXX Dade City, FL 33523	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUETO, PERRY MICHAEL		2.2 NAME		
STREET ADDRESS	502 E CHANNEL SIDE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIOUS, DAVID C. III		3.2 NAME		
STREET ADDRESS	97441 HICKORY HILL LN		3.3 STREET ADDRESS	XXXXXXXXXXXX 33316 Darby Trail	
CITY-ST-ZIP	DADE CITY FL		3.4 CITY-ST-ZIP	XXXXXXXXXXXX Dade City, FL 33523	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

4-10-98 (813) 229-8101

CP2E034 (1097)