FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (1)449612 D.C. DIOUS SPECIALTY CO., INC. Principal Place of Business Mailing Address 502 E CHANNEL SIDE DR P.O. BOX 1363 TAMPA FL 33802 TAMPA FL 33601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1974 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1536446 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 30 Personal Property Tax due June 30. 25 29 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GIBBONS TUCKER SMITH MILLER WHATLEY&STEIN SUITE 1000 BARNETT PLAZA. 82 Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD. 63 **TAMPA FL 33602** 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE DIOUS, DAVID C III 1.2 NAME NAME 97441 HICKORY HILL LN STREET ADORESS 1.3 STREET ADDRESS DADE-CITY-FL **XSKKKKXXXIDECENOPECCOÉGCCGGGGGKXX** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE CUETO, PERRY MICHAEL 2.2 NAME NAME **502 E CHANNEL SIDE DRIVE** STREET ADORESS 2.3 STREET ADDRESS TAMPA FL 2. 4 CITY - ST- ZIP CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE DIOUS, DAVID C. III NAME 3.2 NAME παραβασικουρακτή 33316 Darby Trail 97441 HICKORY HILL LIN 3.3 STREET ADORESS STREET ADDRESS ₅Çity,Fi xx85@etxxx@accapercepcc@pcccc@p@afxifc@ DADE OTTY FL. CITY - ST - ZIP 3 4. CITY - ST - ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME

6.3 STREET ADDRESS

(813) 229-8101

4-10-98

14. Thereby 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.

STREET ADDRESS CITY - ST - ZIP

SIGNATURE: