

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **453189** (3)

1. Corporation Name

DOLPHIN SUPPLIES, INC.



Principal Place of Business

**1210 CHAFFEE DRIVE
STE. B
TITUSVILLE FL 32780**

Mailing Address

**1210 CHAFFEE DRIVE
STE. B
TITUSVILLE FL 32780**

3. Date Incorporated or Qualified
05/16/1974

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1525649

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLLINGER, BARBARA E.
10751 S.W. 92ND AVE.
MIAMI FL 33176**

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 street if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**VPD
HOLLINGER, MARK A.
2165 CAPEVIEW ST.
MERRITT ISLAND FL 32952**

1.1 TITLE **President** ☒ Change ☐ Addition

TITLE ☐ DELETE

**PD
HOLLINGER, BARBARA E
10751 S W 92ND AVE
MIAMI, FL 0**

2.1 TITLE **Vice President** ☒ Change ☐ Addition

TITLE ☐ DELETE

**Sec 1 Treas.
Dorothy Hollinger
2165 Cape view Street
Merritt Island, FL 32952**

3.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

4.1 TITLE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE

6.1 TITLE ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

MARK HOLLINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

**2/29/96 407
264-0333**
Date Daytime Phone #

CR2E034 (12/95)