

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 481797 (9)

1. Corporation Name

DHL CORPORATION



Principal Place of Business

**140 E. MIAMI AVE.
VENICE FL 34285**

Mailing Address

**140 E. MIAMI AVE.
VENICE FL 34285**

3. Date Incorporated or Qualified
08/05/1975

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1617979

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

**DALTON, M.M.
140 EAST MIAMI AVENUE
VENICE FL 34285**

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

TITLE **PD** ☐ DELETE
NAME **HAMILTON, ROBERT J.**
STREET ADDRESS **245 N TAMiami TRAIL**
CITY-ST-ZIP **VENICE, FL 00000**

TITLE **VD** ☐ DELETE
NAME **HERRON, SAM H JR.**
STREET ADDRESS **711 VALENCIA RD**
CITY-ST-ZIP **VENICE, FL 00000**

TITLE **STD** ☐ DELETE
NAME **DALTON, M.M.**
STREET ADDRESS **140 E MIAMI AVE**
CITY-ST-ZIP **VENICE, FL 00000**

TITLE **D** ☐ DELETE
NAME **HAMILTON, J. JOHN**
STREET ADDRESS **245 N TAMiami TRAIL**
CITY-ST-ZIP **VENICE, FL 00000**

TITLE **D** ☐ DELETE
NAME **MEADOWS, JOHN G**
STREET ADDRESS **751 CAPRI ISLES BLVD.**
CITY-ST-ZIP **VENICE, FL 00000**

TITLE **D** ☐ DELETE
NAME **HAMILTON, PAUL G.**
STREET ADDRESS **245 N TAMiami TRAIL**
CITY-ST-ZIP **VENICE, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M M Dalton **M M Dalton** 4/18/96 941-488-2402

Date

Daytime Phone #

CR2E034 (12/95)