

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 # 521729 (4)

1. Corporation Name

DA PETRO, INC

Principal Place of Business

Mailing Address

2055 WOOD ST
SUITE 110
SARASOTA FL 34237

SAME

2. Principal Place of Business

2a. Mailing Address

21 405 EAST MACLEWEN
SUITE, Apt. #, etc. DRIVE

26 Suite, Apt. #, etc. SAME

22 City & State
23 OSPREY FL

27 City & State

24 Zip
34229

28 Zip

30 Country

3. Date Incorporated or Qualified
1-6-77

3a. Date of Last Report
4-95

4. FEI Number
45-0250653

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

7. 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

ROBERT MORTON
2055 WOOD ST
SUITE 110
SARASOTA FL 34237

81 Name DAVID MORTON
82 Street Address (P.O. Box Number is Not Acceptable)
405 EAST MACLEWEN DR
83 L
84 City OSPREY FL 85 Zip Code 34229

I, Pursuant to the provisions of Sections 607.052 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 of person named as registered agent and title if applicable)

(Signature of Registered Agent required when re-registering)

4-22-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DT	Robert Morton			<input checked="" type="checkbox"/>
	DAVID Morton			<input type="checkbox"/>
	Peter Morton			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change: <input type="checkbox"/> Addition <input type="checkbox"/>
1.1 TITLE	2.1 NAME	3.1 STREET ADDRESS	4.1 CITY - ST - ZIP	
	DAVID MORTON	405 EAST MACLEWEN DR	OSPREY FL 34229	<input checked="" type="checkbox"/>
	Peter MORTON	405 EAST MACLEWEN DR	OSPREY FL 34229	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I do hereby certify that the information supplied with this report 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 to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 941-966-3692
Date Daytime Phone #

CR2E034 (12/95)