

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 # **545960** (7)  
1. Corporation Name  
**DIAL RITE, INC.**



Principal Place of Business

**2648 AMSDEN ROAD  
WINTER PARK FL 32792**

Mailing Address

**2648 AMSDEN ROAD  
WINTER PARK FL 32792**

3. Date Incorporated or Qualified <b>09/22/1977</b>	3a. Date of Last Report <b>06/02/1995</b>
4. FEI Number <b>59-1752627</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business 21 <b>Dial Rite, Inc.</b> Suite, Apt. #, etc. 22 <b>291 Circle Dr.</b> City & State 23 <b>WINTER PARK, FLA.</b> Zip 24 <b>32792</b>	2a. Mailing Address 26 <b>2648 AMSDEN</b> Suite, Apt. #, etc. 27 <b>291 Circle Dr.</b> City & State 28 <b>WINTER PARK, FLA.</b> Zip 29 <b>32792</b>	30 <b>ORANGE</b>
9. Name and Address of Current Registered Agent		

**THURMAN, KATHLEEN O.  
2648 AMSDEN ROAD  
WINTER PARK FL 32792**

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 of person for whom this report is filed (registered agent and director if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD THURMAN, KATHLEEN O. 264</b>
STREET ADDRESS	<b>2648 AMSDEN RD</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP THURMAN, REECIE E.</b>
STREET ADDRESS	<b>2648 AMSDEN ROAD</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TS THURMAN, GERALD L.</b>
STREET ADDRESS	<b>2648 AMSDEN ROAD</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>President Kathleen O. Thurman</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vice President Reecie E. Thurman</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TS Gerald L. Thurman</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

**3/24/96 671-8256**

CR2E034 (12/95)