

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 545960 (7)

1. Corporation Name
DIAL RITE, INC.

Principal Place of Business

DIAL RITE INC
291 CIRCLE DR
MAITLAND FL 32751
US

Mailing Address

2648 AMSDEN
WINTER PARK FL 32792-3513
US

3. Date Incorporated or Qualified 09/22/1977
3a. Date of Last Report 03/01/1996

4. FEI Number 59-1752627
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

2. Principal Place of Business

21 Maitland, FL.
Suite, Apt. #, etc.

22 391 Circle Dr.
City & State

23 Maitland, FL.
Zip Country

24 32751 25 Orange
29 32792 30 Orange

2a. Mailing Address

26 2648 Amaden Rd.
Suite, Apt. #, etc.

27
City & State

28 Winter Park, FL.
Zip Country

29 32792 30 Orange

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	P	<input type="checkbox"/> DELETE
NAME	THURMAN, KATHLEEN O.	
STREET ADDRESS	2648 AMSDEN RD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THURMAN, REECIE E.	
STREET ADDRESS	2648 AMSDEN ROAD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	THURMAN, GERALD L.	
STREET ADDRESS	2648 AMSDEN ROAD	
CITY-ST-ZIP	WINTER PARK FL	
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	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KATHLEEN THURMAN	
1.3 STREET ADDRESS	2648 AMSDEN RD. WINTER PK. FL. 32792	
1.4 CITY-ST-ZIP		
2.1 TITLE	VICE PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REECIE E THURMAN	
2.3 STREET ADDRESS	2648 AMSDEN RD.	
2.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GERALD L. THURMAN	
3.3 STREET ADDRESS	2648 AMSDEN RD.	
3.4 CITY-ST-ZIP	WINTER PARK, FL. 32792	
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 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.

SIGNATURE: SIGNATURE REQUIRED Kathleen O. Thurman 671-8256
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres. 4/7/97 Date Daytime Phone #

CR2E034 (9/96)