

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

0083118

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 545960		99 MAY -7 AM 9:07	
1. Corporation Name DIAL RITE, INC.		DO NOT WRITE IN THIS SPACE	
Principal Place of Business 291 CIRCLE DR. 291 CIRCLE DR MAITLAND FL 32751 US		Mailing Address 2648 AMSDEN WINTER PARK FL 32792 US	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt #, etc.		26. Suite, Apt #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New 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. City 84. State	
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.		100002874431-9 -05/13/99--01109--010 ***150.00 FL ***150.00	
SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-STATE-ZIP	
P THURMAN, KATHLEEN 2648 AMSDEN RD WINTER PARK FL 32792		Kathleen Thurman 2648 Hmsden Rd. Winter Park, FL 32792	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP	
VP THURMAN, REECIE E 2648 AMSDEN ROAD WINTER PARK FL		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP	
ST THURMAN, GERALD L 2648 AMSDEN ROAD WINTER PARK FL		25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-STATE-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.		TREASURER Gerald L. Thurman 2648 AMSDEN Rd WINTER PARK, FL 32792	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen Thurman

CR2E034 (11/98)