

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 618911 (2)

1. Corporation Name

DART MAINTENANCE & SUPPLIES, INC.



Principal Place of Business

248 NE 59TH ST
MIAMI FL 33137

Mailing Address

248 NE 59TH ST
MIAMI FL 33137

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

24

25

29

30

9. Name and Address of Current Registered Agent

LANCE, KATHLEEN E.
248 NORTHEAST 59 STREET
MIAMI FL 33137

3. Date Incorporated or Qualified
04/27/1979

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1917083

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

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

Kathleen E. Lance

3/13/1996

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME
VPD
LANCE, JERRY W
STREET ADDRESS
248 NE 59ST
CITY-STATE-ZIP
MIAMI FL

11.2 TITLE ☐ DELETE

NAME
PD
LANCE, KATHLEEN E.
STREET ADDRESS
248 NORTHEAST 59 STREET
CITY-STATE-ZIP
MIAMI FL

11.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.7 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-STATE-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME
13.27 STREET ADDRESS
13.28 CITY-STATE-ZIP

13.29 TITLE ☐ Change ☐ Addition

13.30 NAME
13.31 STREET ADDRESS
13.32 CITY-STATE-ZIP

13.33 TITLE ☐ Change ☐ Addition

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 199.07(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:

Kathleen E. Lance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres -

3/13/1996

705-7581697

CR2E034 (12/95)