

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **637889** (7)
1. Corporation Name
D.T.L. CORPORATION

Principal Place of Business C/O LAURA C JOHNSON 1081 9TH & HIGHWAY 50 WINTER GARDEN FL 34787	Mailing Address C/O LAURA C JOHNSON 1081 9TH & HIGHWAY 50 WINTER GARDEN FL 34787
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1979	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1933601	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent JOHNSON, LAURA C 1081 9TH & HWY 50 WINTER GARDEN FL 34787				10. Name and Address of New Registered Agent	
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.				81 Name	
SIGNATURE Laura C. Johnson <small>Signature, typed or printed name of registered agent and title if applicable</small>				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				86	
				87	
				88	
				89	
				90	
				91	
				92	
				93	
				94	
				95	
				96	
				97	
				98	
				99	
				100	

12. OFFICERS AND DIRECTORS		13. Not Listed: OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	P
NAME	REES, JOHN N.	1.2 NAME	Fred T. Johnson
STREET ADDRESS	P.O. BOX 1161	1.3 STREET ADDRESS	1081 9th St
CITY - ST - ZIP	WINTER GARDEN FL	1.4 CITY - ST - ZIP	Winter Garden, FL 34787
TITLE	V	2.1 TITLE	D
NAME	PICKELS, JOHN T.	2.2 NAME	Teresa J. Pickels
STREET ADDRESS	665 GLENVIEW DR.	2.3 STREET ADDRESS	665 Glenview Dr
CITY - ST - ZIP	WINTER GARDEN FL	2.4 CITY - ST - ZIP	Winter Garden, FL 34787
TITLE	V	3.1 TITLE	
NAME	GOWLAND, JAN E.	3.2 NAME	
STREET ADDRESS	454 23RD ST. S.E.	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	
NAME	JOHNSON, LAURA CLARK	4.2 NAME	
STREET ADDRESS	1081 9TH & HWY 50	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	REES, LINDA J.	5.2 NAME	
STREET ADDRESS	195 E. TILDEN ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	GOWLAND, DEBORAH J.	6.2 NAME	
STREET ADDRESS	454 23RD ST SE	6.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BCH. FL	6.4 CITY - ST - ZIP	

14. I 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: **Laura C. Johnson** *Laura C. Johnson* **4-9-98**

12. OFFICERS AND DIRECTORS		13. Not Listed: OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	P
NAME	REES, JOHN N.	1.2 NAME	Fred T. Johnson
STREET ADDRESS	P.O. BOX 1161	1.3 STREET ADDRESS	1081 9th St
CITY - ST - ZIP	WINTER GARDEN FL	1.4 CITY - ST - ZIP	Winter Garden, FL 34787
TITLE	V	2.1 TITLE	D
NAME	PICKELS, JOHN T.	2.2 NAME	Teresa J. Pickels
STREET ADDRESS	665 GLENVIEW DR.	2.3 STREET ADDRESS	665 Glenview Dr
CITY - ST - ZIP	WINTER GARDEN FL	2.4 CITY - ST - ZIP	Winter Garden, FL 34787
TITLE	V	3.1 TITLE	
NAME	GOWLAND, JAN E.	3.2 NAME	
STREET ADDRESS	454 23RD ST. S.E.	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	
NAME	JOHNSON, LAURA CLARK	4.2 NAME	
STREET ADDRESS	1081 9TH & HWY 50	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	REES, LINDA J.	5.2 NAME	
STREET ADDRESS	195 E. TILDEN ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	GOWLAND, DEBORAH J.	6.2 NAME	
STREET ADDRESS	454 23RD ST SE	6.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BCH. FL	6.4 CITY - ST - ZIP	

14. I 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: **Laura C. Johnson** *Laura C. Johnson* **4-9-98** **407-656-3355**

CR2E034 (10/97)