

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90027 007 \*\*\*150.00

DOCUMENT # 637889

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 *Same*  
21 *1081 9th St & Hwy 50*  
Suite, Apt. #, etc.

22 *Winter Garden, FL*  
City & State

23 *34787*  
Zip

24 Country

2a. Mailing Address

26 *Same*  
Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/28/1979

4. FEI Number

59-1933601

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

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

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

OFFICERS AND DIRECTORS

TITLE V ☐ DELETE  
NAME REES, JOHN N.  
STREET ADDRESS P.O. BOX 1161  
CITY-ST-ZIP WINTER GARDEN FL

TITLE V ☐ DELETE  
NAME PICKELS, JOHN T.  
STREET ADDRESS 665 GLENVIEW DR.  
CITY-ST-ZIP WINTER GARDEN FL

TITLE V ☐ DELETE  
NAME GOWLAND, JAN E.  
STREET ADDRESS 454 23RD ST. S.E.  
CITY-ST-ZIP VERO BEACH FL

TITLE STD ☐ DELETE  
NAME JOHNSON, LAURA CLARK  
STREET ADDRESS 1081 9TH & HWY 50  
CITY-ST-ZIP WINTER GARDEN, FL 00000

TITLE D ☐ DELETE  
NAME REES, LINDA J.  
STREET ADDRESS 195 E. TILDEN ST.  
CITY-ST-ZIP WINTER GARDEN FL

TITLE D ☐ DELETE  
NAME GOWLAND, DEBORAH J.  
STREET ADDRESS 454 23RD ST SE  
CITY-ST-ZIP VERO BCH. FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Johnson, Fred T. ☐ Change ☒ Addition  
1.2 NAME President  
1.3 STREET ADDRESS 1081 9th St & Hwy 50  
1.4 CITY-ST-ZIP Winter Garden, FL 34787

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Pickels, Teresa J.  
2.3 STREET ADDRESS 665 Glenview Dr  
2.4 CITY-ST-ZIP Winter Garden, FL 34787

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *Laura C. Johnson* SIGNATURE REQUIRED *Laura C. Johnson* 3-31-99 407-656-3355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #