FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 ... 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **666929** **(5)**

1. Corporation Name
D.L. PEOPLES GROUP, INC.

Principal Place of Business	Mailing Address
233 ACADEMY DRIVE P.O. BOX 421768 KISSIMMEE FL 34742-8768	233 ACADEMY DRIVE P.O. BOX 421768 KISSIMMEE FL 34742-8768

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/09/1980**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-2986862** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PEOPLES, DAVID L.
233 ACADEMY DRIVE
KISSIMMEE FL 34744-5669

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 ______ (Registered Agent) Date ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☒ Change ☐ Addition
NAME	PEOPLES, BRIAN D	1.2 NAME	
STREET ADDRESS	233 ACADEMY DRIVE	1.3 STREET ADDRESS	DELETE.
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	DPS	2.1 TITLE	☐ Change ☐ Addition
NAME	PEOPLES, DAVID L	2.2 NAME	
STREET ADDRESS	233 ACADEMY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	PEOPLES, PAUL T	3.2 NAME	
STREET ADDRESS	233 ACADEMY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WHITMAN, MYRON F	4.2 NAME	
STREET ADDRESS	233 ACADEMY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	☐ Change ☐ Addition
NAME	PEOPLES, ANE W	5.2 NAME	
STREET ADDRESS	233 ACADEMY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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] DAVID L. PEOPLES APR 12, 1995 (407) 847-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462312 FP