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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F46781 (3)

1. Corporation Name

DAHL, INC.



Principal Place of Business

C/O DARRELL A DAHL
3654 CYPRESS ST
TAMPA FL 33607-4916

Mailing Address

C/O DARRELL A DAHL
3654 CYPRESS ST
TAMPA FL 33607-4916

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/30/1981

3a. Date of Last Report

04/15/1996

4. FEI Number

59-2126742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

DAHL, DARRELL A
3654 CYPRESS ST
TAMPA FL 33607

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

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME DAHL, DARRELL A
STREET ADDRESS 5119 POE AVE
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ DELETE
NAME DAHL, DARRELL A, JR
STREET ADDRESS 4405 W. CLEVELAND
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME DAHL, JORDIS
STREET ADDRESS 5119 POE AVENUE
CITY-ST-ZIP TAMPA FL

TITLE TS ☒ DELETE
NAME MASSEY JUANITA
STREET ADDRESS 1812 COTTAGEWOOD DR.
CITY-ST-ZIP BRANDON FL

TITLE D ☐ DELETE
NAME BELL, DEBORAH
STREET ADDRESS 2362 AUBREY LANE
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TS ☐ Change ☒ Addition
1.2 NAME HAWK, ROBIN
1.3 STREET ADDRESS 331 56TH AVENUE SOUTH
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33705

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

813 870-0340

Date Daytime Phone #

CR2E034 (9/96)