

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -1 PM 2:26

DOCUMENT # F93000000258 (4)

1. Corporation Name

DLA SARASOTA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2130 ARLINGTON AVENUE
COLUMBUS OH 43221

Mailing Address

2130 ARLINGTON AVENUE
COLUMBUS OH 43221

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1993

3a. Date of Last Report

04/20/1994

4. FEI Number

31-1160438

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

9. Name and Address of Current Registered Agent

HEUERMAN, PAUL K ESQ.
% PORTER, WRIGHT, MORRIS & ARTHUR
4501 TAMiami TRAIL NORTH, #400
NAPLES FL 33940

10. Name and Address of Now Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PT	AULD, DAVID L	2130 ARLINGTON AVENUE	COLUMBUS OH
VS	AULD, DOUGLAS L	2130 ARLINGTON AVE	COLUMBUS OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td>☐</td> <td>☐</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐	☐
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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 110.07(3)(b), 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 this corporation or the recorder 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, in address.

SIGNATURE:

David L. Auld

DOUGLAS L. AULD

2-24-95

614-486-2853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number