

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G35974** (6)

1. Corporation Name

DERRIDINGER ENTERPRISES INCORPORATED

Principal Place of Business

**2307 PALM AVE
SEFFNER FL 33584**

Mailing Address

**2307 PALM AVE
SEFFNER FL 33584**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6010 BONACKER DR

6010 BONACKER DR

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33610

USA

33610

USA

3. Date Incorporated or Qualified

04/21/1983

3a. Date of Last Report

04/24/1995

4. FEI Number

59-2298891

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

10. Name and Address of New Registered Agent

**DERRIDINGER, RICHARD K
2307 PALM AVE
SEFFNER FL 33584**

81 Name

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

83

6010 BONACKER DR.

84

TAMPA FL

FL

85 Zip Code
33610

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]
Signature, typed or printed name of registered agent and title if applicable

R. DERRIDINGER

4-24-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DERRIDINGER, RICHARD K**
STREET ADDRESS **2307 PALM AVE.**
CITY-ST-ZIP **SEFFNER FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **6010 BONACKER DR**
1.4 CITY-ST-ZIP **TAMPA FL 33610**

TITLE **VD** ☐ DELETE
NAME **DERRIDINGER, BENINGTON**
STREET ADDRESS **2307 PALM AVE.**
CITY-ST-ZIP **SEFFNER FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **6010 BONACKER DR.**
2.4 CITY-ST-ZIP **TAMPA FL 33610**

TITLE **STD** ☐ DELETE
NAME **DERRIDINGER, RICHARD K JR**
STREET ADDRESS **2307 PALM AVE.**
CITY-ST-ZIP **SEFFNER FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **6010 BONACKER DR.**
3.4 CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. DERRIDINGER

4-24-96

813.628-0317

CR2E034 (12/95)