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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G83837

(6)

1. Corporation Name

THE DANTZLER CORPORATION

Principal Place of Business

277 MAGNOLIA AVE., S.W.
P.O. BOX 192
WINTER HAVEN FL 33882-7192

Mailing Address

277 MAGNOLIA AVE., S.W.
P.O. BOX 192
WINTER HAVEN FL 33882-7192

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/08/1984

3a. Date of Last Report
03/24/1994

4. FCI Number
59-2372289

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

21 62 4th ST. N.W.

22 P.O. Box 901

23 WINTER HAVEN, FL.

24 33882-7192

2a. Mailing Address

26 P.O. Box 901

27 Suite, Apt. #, etc.

28 WINTER HAVEN, FL.

29 33882-0901

30 USA

9. Name and Address of Current Registered Agent

DANTZLER, R. TODD
277 MAGNOLIA AVENUE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

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

62 4th ST. N.W.

83

84 City WINTER HAVEN

FL

85 Zip Code 33881

11. Pursuant to the provisions of Sections 607.052 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 registrant, agent, and filer if applicable

R. TODD DANTZLER, President

2-10-95

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

14. I 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 included on this annual report is a supplemental annual report as 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 officer 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 in addition to, or in addition to, with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

R. TODD DANTZLER

2/10/95

813 297-5593