**FILED** 

Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90007 038 \*\*\*558.75

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # H44170**

1. Corporation Name

Dringing Diago of Rusinges

TITLE

NAME

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NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TASC

NELSON, ERIC K

**TAMPA FL 33610** 

BRUNO, HECTOR L

STOHLER, W GALE

TAMPA FL

TAMPA FL

**VP** 

5910 E HILLSBOROUGH AVENUE

5910 E HILLSBOROUGH AVE

5910 E HILLSBOROUGH AVE

**CUMMINS DIESEL POWER INC.** 

1 morpar i laco	, o, oaomoso	///www.ng						
5421 N 59TH S 111 E MADISON TAMPA FL 3361 US	N ST #2300 P O BOX 1531	5421 N 59TH STREET 111 E MADISON ST #2300 P O BOX 1531 TAMPA FL 33610 US			531	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
						02/22/1985		
Principal Place of Business     2a. Mailing Address			ddress			4. FEI Number Applied For		
21						66-0415791 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			. #, etc.			5Certificate_of_Status Desired \$8.75 Additional Fee Regulired		
22		27						
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
CLARK, ROBERT, W 100 N TAMPA STREET, STE 2120 TAMPA FL 33602				81 82 83 84	Street A	Richard L. Stohler et Address (P.O. Box Number is Not Acceptable)  5910 E Hillsborough Ave		
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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD		DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME STOHLER, RICHARD L.		1	1.2 NAME					
				1.3 STREET ADDRESS				
STREET ADDRESS 5910 E. HILLSBOROUGH AVE			į.					
CITY-ST-ZIP	Tampa fl			1.4 CITY-S	T-ZIP			

2.1 TITLE

22 NAME

3.1 TITLE

3.2 NAME

4 1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

☐ DELETE

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14. I 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 andress, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-89

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Addition

Addition

Addition

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