

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H75673

(4)

1. Corporation Name

DGC HOLDING COMPANY, INC.



Principal Place of Business

PO BOX 14079 N/A
PO BOX 1240
FT. PIERCE FL 34979-4079
US

Mailing Address

PO BOX 14079 N/A
PO BOX 1240
FT. PIERCE FL 34979-4079
US

3. Date Incorporated or Qualified
09/12/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 2627 S. JENKINS ROAD

Suite, Apt. #, etc.

22 City & State

23 FORT PIERCE, FL

Zip

24 34981

Country

25 USA

2a. Mailing Address

26 P.O. BOX 14079

Suite, Apt. #, etc.

City & State

28 FORT PIERCE, FL

Zip

29 34979

Country

30 USA

4. FEI Number

59-2584000

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

DEMPSEY, DANIEL E.
x 2627 S. JENKINS ROAD xx
FT. PIERCE FL 34981

81 Name
DEMPSEY, DANIEL E.

82 Street Address (P.O. Box Number is Not Acceptable)
6910 33RD STREET

83

84 City
VERO BEACH

FL

85 Zip Code
32966

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 new registered agent and date of filing.

NOTE: Registered Agent signature required when re-filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BECKER, RICHARD E.
STREET ADDRESS 2627 S. JENKINS RD.
CITY-ST-ZIP FT PIERCE FL

DELETE

TITLE DV
NAME DEMPSEY, DANIEL E.
STREET ADDRESS 2627 S. JENKINS RD.
CITY-ST-ZIP FT PIERCE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME CD
2 NAME BECKER, RICHARD E.
3 STREET ADDRESS 130 S. SHORE CIRCLE
4 CITY-ST-ZIP VERO BEACH, FL 32963

Change Addition

21 NAME PD
22 NAME DEMPSEY, DANIEL E.
23 STREET ADDRESS 6910 33RD STREET
24 CITY-ST-ZIP VERO BEACH, FL 32966

Change Addition

31 NAME
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

41 NAME
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

51 NAME
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

61 NAME
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

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 as an attachment with an address.

SIGNATURE: Daniel E. Dempsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL E. DEMPSEY

04/16/96

407-461-1180

DATE

Telephone Number

CR2E034 (12/95)