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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J20081 (2)

1. Corporation Name

DISPENSE-ALL CENTRAL FLORIDA, INC.



Principal Place of Business

1694 TIMOUCUAN WAY
LONGWOOD FL 32750

Mailing Address

1694 TIMOUCUAN WAY
LONGWOOD FL 32750

3. Date Incorporated or Qualified
06/19/1986

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOCK, PHYLLIS S.
7000 W. PALMETTO PARK RD.
SUITE 402
BOCA RATON FL 33432

81 Name

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

83

84 City

FL

85 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 or officer or director

Signature typed or printed name of registered agent or officer or director

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
MATTHEWS, H. S.
2500 Q ST. N.W. #229
WASHINGTON DC

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DVP
DALFERES, GEORGE L.
12602 TARTAR
FT. WASHINGTON MD

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST
CRAWFORD, SALLY
1694 TIMOUCUAN WAY #114
LONGWOOD FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
WARD, JAMES BUD
1320 FENWICH LN. #405
SILVER SPRINGS MD

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MANN, STANLEY W.
920 DEER ROAD
BRYN MAWR PA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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 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:

Sally W. Crawford Sally W. Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2396

407-332-1925

(10)

Disburse Fee

CR2E034 (12/95)