

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 APR 11 PM 3: 35

DOCUMENT # J22058

(8)

1. Corporation Name

D.L. CULLIFER & SON, INC.

Principal Place of Business

**410 GANDY RD.
P.O. BOX 1893
AUBURNDALE FL 33823-2710**

Mailing Address

**410 GANDY RD.
P.O. BOX 1893
AUBURNDALE FL 33823-2710**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/27/1986

3a. Date of Last Report

11/02/1994

4. FEI Number

59-2697676

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

21 410 Gandy Road

2a. Mailing Address

26 410 Gandy Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 Auburndale, FL

28 Auburndale, FL

24 33823 Country

29 33823 Country

9. Name and Address of Current Registered Agent

**CULLIFER, D.L.
410 GANDY ROAD
AUBURNDALE FL 33823**

10. Name and Address of New Registered Agent

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 and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4/5/95

12. OFFICERS AND DIRECTORS

**TITLE PSD
NAME CULLIFER, D. L.
STREET ADDRESS 331 OKALOOSA DR
CITY - ST - ZIP WINTER HAVEN FL 33884**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 110.07(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 this 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:

D. L. Cullifer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95

Date

813

967-1580

(Telephone Number)