

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 # J35931

(1)

1. Corporation Name

DULIN/MILNE BROKERAGE COMPANY, INC.



Principal Place of Business

Mailing Address

207-K KELSEY LANE
TAMPA FL 33619

207-K KELSEY LANE
TAMPA FL 33619

3. Date Incorporated or Qualified
10/01/1986

3a. Date of Last Report
05/02/1995

2. Principal Place of Business
21 3728 Phillips Highway

2a. Mailing Address

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Suite 45

27

23 City & State
Jacksonville, FL

28 City & State

24 Zip
32207

25 Country

29 Zip

30 Country

4. FEI Number

59-2728405

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOYER, CAROLYN S
207-K KELSEY LANE
TAMPA FL 33619

81 Name
Carolyn S. Peet

82 Street Address (P.O. Box Number is Not Acceptable)
207-K Kelsey Lane

83

84 City
Tampa

FL

85 Zip Code
33619

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

Carolyn S. Peet

Carolyn S. Peet, Exec. VP & CFO

4/22/94

Signature typed or printed name of registered agent and FEI number, if applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME HAZELRIG, THOMAS R
STREET ADDRESS 10120 LINDELAAN
CITY-ST-ZIP TAMPA FL 33618

1.1 TITLE C/S/D
1.2 NAME
1.3 STREET ADDRESS 207-K Kelsey Lane
1.4 CITY-ST-ZIP Tampa, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE P/D
2.2 NAME Wood, Ray E.
2.3 STREET ADDRESS 207-K Kelsey Lane
2.4 CITY-ST-ZIP Tampa, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE V/T
3.2 NAME Peet, Carolyn S.
3.3 STREET ADDRESS 207-K Kelsey Lane
3.4 CITY-ST-ZIP Tampa, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

Carolyn S. Peet

Carolyn S. Peet

4/22/94

(813) 628-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)