FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:44

DOCUMENT # L30933 (0)

1. Corporation Name
D.P.L. OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O LARRY D. SIMPSON 1102 NORTH GADSDEN STREET TALLAHASSEE FL 32303	C/O LARRY D. SIMPSON 1102 NORTH GADSDEN STREET TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1989
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 22-2693940 ☐ 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

SIMPSON, LARRY D.
1102 NORTH GADSDEN STREET
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LAROSEE, DONALD	1.2 NAME	
STREET ADDRESS	410 CARSON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC CITY NJ	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LAROSEE, PEARL	2.2 NAME	
STREET ADDRESS	410 CARSON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC CITY NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SCARBOROUGH, R. RANDLE	3.2 NAME	
STREET ADDRESS	20 E CLEMENTON RD, #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	GIBBSBORO NJ	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SCARBOROUGH, ROBERT K.	4.2 NAME	
STREET ADDRESS	20 E. CLEMENTON RD., STE 201 SO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GIBBSBORO NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SCARBOROUGH, KEVIN D.	5.2 NAME	
STREET ADDRESS	10 FOSTER AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GIBBSBORO NJ	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 address.

SIGNATURE: _____ FEB 1 1995 609-851-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number

0026536 CP