SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 11/20/1989
3a. Date of Last Report: 02/08/1995

2. Principal Place of Business
21 C/O EDWIN F BLANTON
Suite, Apt. #, etc.
22 825 THOMASVILLE RD
City & State
23 TALLAHASSEE FL
Zip 24: 32303 Country 25:

2a. Mailing Address
26 THE PAINTWORKS CORP.
Suite, Apt. #, etc.
27 20 E CLEMENTON RD #201 CNTR South
City & State
28 GIBBSBORO, NJ
Zip 29: 08026 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~~
EDWIN F. BLANTON
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

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 _____ DATE _____
Signature, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAROSEE, DONALD 410 CARSON AVE. ATLANTIC CITY NJ	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAROSEE, PEARL 410 CARSON AVE. ATLANTIC CITY NJ	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCARBOROUGH, R. RANDLE 20 E CLEMENTON RD, #201 GIBBSBORO NJ	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCARBOROUGH, ROBERT K. 20 E. CLEMENTON RD., STE 201 SO. GIBBSBORO NJ	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCARBOROUGH, KEVIN D. 10 FOSTER AVE. GIBBSBORO NJ	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	600001910098 -08/01/96--01009--028 ***8.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	700001910097 -08/01/96--01009--029 ***225.00 ☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: ✓ _____ 7/3/96 609-783-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ROBERT K. SCARBOROUGH, P.R. 7/3/96