## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L30933 1. Corporation Name

D.P.L. OF FLORIDA, INC.

## FILED Mar 05, 1999 8:00 am **Secretary of State**

03-05-1999 90038 033 \*\*\*150.00



Principal Place of Business Mailing Address THE PAINT WORKS CORPORATE CENTER C/O EDWIN F BLANTON 20 EAST CLEMENTON ROAD, SUITE 201 SO. **R25 THOMASVILLE RD** DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32303 GIBBSBORO NJ 08026 3. Date Incorporated or Qualifed 11/20/1989 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business Not Applicable 22-2693940 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5:00 May Be-City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. □No 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BLANTON, EDWIN F 82 Street Address (P.O. Box Number is Not Acceptable) **825 THOMASVILLE ROAD** TALLAHASSEE FL 32303 83 Zip Code 84 85 City 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, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ DELETE 11 TITLE TITLE LAROSEE, DONALD 1.2 NAME NAME 410 CARSON AVE. 1.3 STREET ADDRESS STREET ADDRESS ATLANTIC CITY NJ 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME LAROSEE, PEARL STREET ADDRESS 410 CARSON AVE. 2.3 STREET ADDRESS ATLANTIC CITY NJ 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 31 TITLE 3.2 NAME SCARBOROUGH, R. RANDLE NAME 20 E CLEMENTON RD, #201 3.3 STREET ADDRESS STREET ADDRES GIBBSBORO NJ 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4 1 TITLE TITLE SCARBOROUGH, ROBERT K. 4. 2 NAME NAME 20 E. CLEMENTON RD., STE 201 SO. 4.3 STREET ADDRESS STREET ADDRESS GIBBSBORO NJ 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE SITTE TITLE 52 NAME SCARBOROUGH, KEVIN D. NAME 5.3 STREET ADDRESS 10 FOSTER AVE. STREET ADDRESS 5.4 CITY-ST-ZIP GIBBSBORO NJ CITY-ST-ZIP Change Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 supplied with this ming does not quality for the exemption stated in declarating 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 on an attachment with an address, with all other like empowered. Block 12 or Block 13 if changed, or

Daytime Phone #