

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

95 JAN 25 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L78689** (1)
1. Corporation Name
DILO COMPANY, INC. SF6 MAINTENANCE EQUIPMENT

Principal Place of Business Mailing Address
P. O. BOX 4459 CLEARWATER FL 34618-4459
P. O. BOX 4459 CLEARWATER/FL 34618-4459

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/07/1990** 3a. Date of Last Report **02/25/1994**
4. FEI Number **52-1686859** 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. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **231A Douglas Road** 26 **none**
State, Apt. #, etc. Suite, Apt. #, etc.
22 **Unit 5** 27
City & State City & State
23 **Oldsmar** 28
Zip Country Zip Country
24 **34677** 25 **USA** 29 30

9. Name and Address of Current Registered Agent
PROBST, REINHOLD
2058 NE COACHMAN RD.
CLEARWATER FL 34625-2624

10. Name and Address of New Registered Agent
81 Name **PROBST, REINHOLD**
82 Street Address (P.O. Box Number is Not Acceptable)
4442 Clairson Court
83
84 City **Palm Harbor** FL 85 Zip Code **34685**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 **PROBST, REINHOLD** **PROBST, REINHOLD PRESIDENT** **1/18/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	PROBST, JOSEF
STREET ADDRESS	FRUNDSBERGSTRASSE 38
CITY-ST-ZIP	87727 BABENHAUSEN GERMANY
TITLE	VP
NAME	PROBST, REINHOLD
STREET ADDRESS	2058 NE COACHMAN RD.
CITY-ST-ZIP	CLEARWATER FL 34625-2624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PROBST, REINHOLD
1.3 STREET ADDRESS	4442 Clairson Ct
1.4 CITY-ST-ZIP	Palm Harbor - FL - 34685
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(b), 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 of this report or on an attachment with an address.

SIGNATURE: **PROBST, REINHOLD** **1/18/95** **853-1448**
Signature, typed or printed name of signing officer or director Date Telephone #