

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90062 029 ***150.00

0380894

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

DOCUMENT # L90076

1. Corporation Name

DARLINGTON & ASSOCIATES, INC.

Principal Place of Business

P.O. BOX 7037
TAMPA FL 33673-7037

Mailing Address

P.O. BOX 7037
TAMPA FL 33673-7037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1990

4. FEI Number

59-3020344

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 29749 FOG Hollow Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 29749 FOG Hollow Dr.
Suite, Apt. #, etc.

City & State

23 Wesley Chapel FL
Zip Country

24 33543 25

City & State

28 Wesley Chapel FL
Zip Country

29 33543 30

9. Name and Address of Current Registered Agent

DARLINGTON MARGO LYNN
4615 NORTH BOULEVARD
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name Darlington Margo Lynn

82 Street Address (P.O. Box Number is Not Acceptable)
29749 FOG Hollow Dr.

83

84 City Wesley Chapel

FL

85 Zip Code 33543

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

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 PVD
NAME DARLINGTON, MARGO LYNN
STREET ADDRESS 4615 NORTH BOULEVARD
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE STD
NAME DARLINGTON, JOSEPH W.
STREET ADDRESS 4615 NORTH BOULEVARD
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVD ☒ Change ☐ Addition
1.2 NAME DARLINGTON MARGO LYNN
1.3 STREET ADDRESS 29749 FOG Hollow Dr.
1.4 CITY-ST-ZIP Wesley Chapel FL 33543

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME DARLINGTON Joseph W.
2.3 STREET ADDRESS 29749 FOG Hollow Dr.
2.4 CITY-ST-ZIP Wesley Chapel FL 33543

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 (813) 907 8653
Date Daytime Phone #

CR2E034 (1/98)