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

APPROVED AND FILED

95 MAR 21 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M73136 (7)

1. Corporation Name
D & L DEVELOPMENT CORP.

Principal Place of Business
C/O JOHN J. LANCASTER
2101 GULF VIEW ROAD
PUNTA GORDA FL 33950

Mailing Address
C/O JOHN J. LANCASTER
2101 GULF VIEW ROAD
PUNTA GORDA FL 33950

100001438661
-03/24/95--01039--017
****330.00 ****200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
22 Suite, Apt #, etc
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt #, etc
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 03/16/1988
3a. Date of Last Report: 08/02/1994
4. FEI Number: 65-0055349 ☐ 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**

LANCASTER, JOHN J.
2101 GULF VIEW ROAD
PUNTA GORDA FL 33950

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 ______
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LANCASTER, JOHN J
STREET ADDRESS	2101 GULF VIEW RD.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D
NAME	DIMATTEO, JOSEPH
STREET ADDRESS	84 SEATTLE ST.
CITY-ST-ZIP	BOSTON MA
TITLE	D
NAME	LANCASTER, JOANNE D.
STREET ADDRESS	2101 GULF VIEW RD.
CITY-ST-ZIP	PUNTA GORDA FL
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		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
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 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(1)(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: John J. Lancaster 3-11-95 813-639-8125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320502 CP