

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M99942 (8)

1. Corporation Name

JOSEPH M. DUTMERS, INC.



Principal Place of Business

% JOSEPH M. DUTMERS
4316 BRANDYWINE
SARASOTA FL 34241

Mailing Address

% JOSEPH M. DUTMERS
4316 BRANDYWINE
SARASOTA FL 34241

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
30			

g. Name and Address of Current Registered Agent

DUTMERS, JOSEPH M.
4316 BRANDYWINE
SARASOTA FL 34241

3. Date Incorporated or Qualified

09/19/1988

3a. Date of Last Report

04/14/1995

4. FEI Number

65-0071498

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

(If Not a Registered Agent, Signature, Name, Address, and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	P DUTMERS, JOSEPH M.	4316 BRANDYWINE	SARASOTA, FL 34241	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. STREET ADDRESS	14. CITY - ST - ZIP	
2. TITLE	22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS	24. CITY - ST - ZIP	
3. TITLE	32. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. STREET ADDRESS	34. CITY - ST - ZIP	
4. TITLE	42. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43. STREET ADDRESS	44. CITY - ST - ZIP	
5. TITLE	52. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53. STREET ADDRESS	54. CITY - ST - ZIP	
6. TITLE	62. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63. STREET ADDRESS	64. 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(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)