

FILE NOW: FILING FEE IS \$61.25

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

03-05-1999 90136 028 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000002313**

1. Corporation Name

**FLORIDA DLC, INC.**

Principal Place of Business

**115 TRADER'S ALLEY  
LAKELAND FL 33801**

Mailing Address

**P.O. BOX 11024  
TALLAHASSEE FL 32302**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country  
**24** **25**

2a. Mailing Address

**26** **501 East Tennessee St.**

**27** Suite, Apt. #, etc.

**28** **Suite A**

**29** City & State **28** **Tallahassee FL**  
**30** Zip Country **31** **32308** **33** **USA**

3. Date Incorporated or Qualified

**05/20/1993**

4. FEI Number  
**59-3222447**

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

9. Name and Address of Current Registered Agent

**GRIZZARD, ROBERT ESQUIRE  
115 TRADERS ALLEY  
LAKELAND FL 33801**

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 617.0502 and 617.1508, 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 617.0503, 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** **PD** ☐ DELETE  
**NAME** **MILLS, JON**  
**STREET ADDRESS** **1215 NW 23RD TERR.**  
**CITY-ST-ZIP** **GAINESVILLE FL 32608**

**TITLE** **VPD** ☐ DELETE  
**NAME** **LANGTON, MICHAEL**  
**STREET ADDRESS** **4244 ST. JOHNS AVE**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32210**

**TITLE** **SD** ☐ DELETE  
**NAME** **GRIZZARD, ROBERT**  
**STREET ADDRESS** **115 TRADER'S ALLEY**  
**CITY-ST-ZIP** **LAKELAND FL 33801**

**TITLE** **TD** ☐ DELETE  
**NAME** **EDENFILED, MARTHA**  
**STREET ADDRESS** **216 SO. MONROE STREET**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32301**

**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

☐ 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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:

**EDENFILED, MARTHA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)