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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004246 (4)**

1. Corporation Name

**DIVERSIFIED SUPPORTED EMPLOYMENT SERVICES, INC.**



Principal Place of Business

Mailing Address

**2737 TANGELO DRIVE  
SARASOTA FL 34239**

**2737 TANGELO DRIVE  
SARASOTA FL 34239-4741**

3. Date Incorporated or Qualified  
**08/25/1994**

3a. Date of Last Report  
**04/22/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

**65-0514877**

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

10. Name and Address of New Registered Agent

**MCDANIEL, ROBERT S JR  
1444 FIRST STREET  
SARASOTA FL 34238**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **WENTZ, W. REID**  
STREET ADDRESS **2737 TANGELO DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34239**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **WENTZ, DOROTHY**  
STREET ADDRESS **2737 TANGELO DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34239**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **PEARSON, CAROLE**  
STREET ADDRESS **5637 GEORGIA AVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

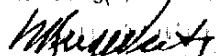
TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



**W. Reid Wentz, President**

**3/5/97**

**941/957-3839**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**0063539**

CR2E037 (9/96)