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May 01 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005424 (6)**

1. Corporation Name

THE DANIEL W. DIETRICH II TRUST, INC.

Principal Place of Business

Mailing Address

**780 S. HIGHWAY A1A
VERO BEACH FL 32963**

**780 S. HIGHWAY A1A
VERO BEACH FL 32963**

3. Date Incorporated or Qualified
10/31/1994

3a. Date of Last Report
10/23/1995

4. FEI Number

65-0532586

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

790 HIGHWAY A1A

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

790 HIGHWAY A1A

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

790 HIGHWAY A1A

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 **DIETRICH, DANIEL W II**
STREET ADDRESS **780 S. HIGHWAY A1A**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☐ DELETE

NAME **CONNOLLY, JOSEPH J**
STREET ADDRESS **836 BUCK LANE**
CITY-ST-ZIP **HAVERFORD PA 19041**

TITLE **D** ☐ DELETE

NAME **FOXMAN, STEPHEN M**
STREET ADDRESS **8205 SEMINOLE AVENUE**
CITY-ST-ZIP **PHILADELPHIA PA 19118**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **D/P** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **790 HIGHWAY A1A**
1.4 CITY-ST-ZIP

2.1 TITLE **D/S** ☒ 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(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 617, 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 #

X 4/21/96 (407) 231-7575

CP2E037 (12/95)