

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 8:24**

**DOCUMENT # P00067 (9)**

1. Corporation Name  
**DARCON, INC.**

Principal Place of Business Mailing Address  
**P O BOX 1579 OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE.

|                                |                     |                     |                     |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>11/21/1983</b>   | 3a. Date of Last Report<br><b>04/05/1994</b> |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>43-1165151</b>   | Applied For<br>Not Applicable                |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |   |                          |    |             |
|---|--|--|--|---|--------------------------|----|-------------|
| 9. Name and Address of Current Registered Agent                   |  |  |  | 10. Name and Address of New Registered Agent          |                          |    |             |
| <b>CRANE, JAMES C<br/>725 STEVENS AVENUE<br/>OLDSMAR FL 34677</b> |  |  |  | 81 Name   | <b>JAMES C. CRANE</b>    |    |             |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) | <b>300 Scarlet Blvd.</b> |    |             |
|   |  |  |  | 83  |                          |    |             |
|   |  |  |  | 84 City   | <b>Oldsmar</b>           | 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 officer 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 *James C. Crane* **JAMES C. CRANE, PRES.** DATE **4/4/95**

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | <b>PD</b>                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CRANE, JAMES C.</b>    | 1.2 NAME  |   |
| STREET ADDRESS             | <b>725 STEVENS AVENUE</b> | 1.3 STREET ADDRESS                                    | <b>300 Scarlet Blvd.</b>  |
| CITY - ST - ZIP            | <b>OLDSMAR FL</b>         | 1.4 CITY - ST - ZIP                                   | <b>34677</b>  |
| TITLE                      | <b>S</b>                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CRANE, DELORES M.</b>  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>725 STEVENS AVE.</b>   | 2.3 STREET ADDRESS                                    | <b>300 Scarlet Blvd.</b>  |
| CITY - ST - ZIP            | <b>OLDSMAR FL</b>         | 2.4 CITY - ST - ZIP                                   | <b>34677</b>  |
| TITLE                      | <b>VTD</b>                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>REED, MELVIN</b>       | 3.2 NAME  |   |
| STREET ADDRESS             | <b>725 STEVENS AVENUE</b> | 3.3 STREET ADDRESS                                    | <b>300 Scarlet Blvd.</b>  |
| CITY - ST - ZIP            | <b>OLDSMAR FL</b>         | 3.4 CITY - ST - ZIP                                   | <b>34677</b>  |
| TITLE                      |                           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 4.2 NAME  | <b>VP</b>   |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    | <b>J. Allen Lambert</b>   |
| CITY - ST - ZIP            |                           | 4.4 CITY - ST - ZIP                                   | <b>300 Scarlet Blvd.<br/>Oldsmar, FL 34677</b>                    |
| TITLE                      |                           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 5.2 NAME  |   |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 6.2 NAME  |   |
| STREET ADDRESS             |                           | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 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 110.07(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: *James C. Crane* **JAMES C. CRANE** DATE **4/4/95** (813) 855-8993