

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P00067 (9)

1. Corporation Name

DARCON, INC.

Principal Place of Business

P O BOX 1579  
OLDSMAR FL 34677

Mailing Address

P O BOX 1579  
OLDSMAR FL 34677



3. Date Incorporated or Qualified  
11/21/1983

3a. Date of Last Report  
04/11/1995

4. FEI Number  
43-1165151

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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRANE, JAMES C  
725 STEVENS AVENUE  
OLDSMAR FL 34677

81. Name

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

83.

84. City

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 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 the filer, if applicable

(IN ME) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME CRANE, JAMES C.  
STREET ADDRESS 300 SCARLET BLVD  
CITY-STATE-ZIP OLDSMAR FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP 34677

TITLE S ☐ DELETE  
NAME CRANE, DELORES M.  
STREET ADDRESS 300 SCARLET BLVD  
CITY-STATE-ZIP OLDSMAR FL

2.1 TITLE S/D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP 34677

TITLE VTD ☐ DELETE  
NAME REED, MELVIN  
STREET ADDRESS 725 STEVENS AVENUE  
CITY-STATE-ZIP OLDSMAR FL

3.1 TITLE V/D ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 300 Scarlet Blvd.  
3.4 CITY-STATE-ZIP 34677

TITLE VP ☐ DELETE  
NAME LAMBERT, J ALLEN  
STREET ADDRESS 300 SCARLET BLVD  
CITY-STATE-ZIP OLDSMAR FL

4.1 TITLE V ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP 34677

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE T/D ☐ Change ☒ Addition  
5.2 NAME Kazuko Reed  
5.3 STREET ADDRESS 300 Scarlet Blvd.  
5.4 CITY-STATE-ZIP Oldsmar, FL 34677

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

*James C. Crane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Crane President 2/21/96 (813)855-8993

Date

Daytime Phone #

CR2E034 (12/95)