

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P40506 (8)

1. Corporation Name

DAYTON DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

8540 DAYTON AVE.
FT. MYERS FL 33906
US

182 SOUTH DUPONT HWY
NEW CASTLE DE 19720

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

3. Date Incorporated or Qualified

09/15/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

51-0343127

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

POST, JAMES H.
SMITH HULSEY & BUSEY
225 WATER ST., 1800 1ST NAT'L BK TOWER
JACKSONVILLE FL 32201-3315

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 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

James H. Post (James H. Post) - SMITH HULSEY & BUSEY

July 22, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
CS
FIORE, JOHN
194 S. DUPONT HWY
NEW CASTLE DE

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SYRAGAKIS, JOHN G
230 CRYSTAL LAKE RD
GROTON CT

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

P
FIORE, JOHN
31 Water St.
Mythic Ct 06355

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BRADY, TODD F.
63 FOXCROFT ROAD
WEST HARTFORD CT

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
HORNE, JUDY
8 LYNCH FARM DR
NEWARK DE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 supplement to 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 registered or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed for on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/96

302 328 4113

CR2E034 (3/96)