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Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1997

DOCUMENT # **P40506** (8)  
1. Corporation Name  
**DAYTON DEVELOPMENT CORPORATION**



Principal Place of Business

**8540 DAYTON AVE.  
FT. MYERS FL 33906  
US**

Mailing Address

**192 SOUTH DUPONT HWY  
NEW CASTLE DE 19720-4149**

3. Date Incorporated or Qualified

**09/15/1992**

3a. Date of Last Report

**07/25/1996**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

**2/4/97**

Signature of person providing current registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**CS  
FIORE, JOHN  
194 S. DUPONT HWY  
NEW CASTLE DE**

TITLE ☐ DELETE

**P  
FLORE, JOHN  
31 WATER ST  
MYSTIC CT**

TITLE ☐ DELETE

**V  
BRADY, TODD F.  
63 FOXCROFT ROAD  
WEST HARTFORD CT**

TITLE ☐ DELETE

**T  
HORNE, JUDY  
8 LYNCH FARM DR  
NEWARK DE**

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

**CS  
FIORE, JOHN  
31 Water St.  
Mystic Ct 06355**

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

**T  
HORNE, JUDY  
ACI Box 103  
Loysburg Pa 16659**

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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 607, 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 #

**1/27/97 814 766 2191**

CR2E034 (9/96)