FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:04

DOCUMENT # **P92000009911 (8)**

1. Corporation Name
DELAINE DINSMORE, INC.

Principal Place of Business
2803 W. BUSCH BLVD., STE. 205
TAMPA FL 33618-4517

Mailing Address
2803 W. BUSCH BLVD., STE. 205
TAMPA FL 33618-4517

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1992**
3a. Date of Last Report: **01/31/1994**

2. Principal Place of Business
21 6410 BEAVER WAY
Suite, Apt. #, etc.
22 TAMPA, FL
City & State
23
Zip 24 33625 Country 25 USA

2a. Mailing Address
26 8119 N. ORLEANS AVE
Suite, Apt. #, etc.
27 TAMPA, FL
City & State
28
Zip 29 33604 Country 30 USA

4. FEI Number: **59-3138322** ☐ 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

DINSMORE, DELAINE G
2803 W. BUSCH BLVD., STE. 205
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: DELAINE DINSMORE
82 Street Address (P.O. Box Number is Not Acceptable): 6410 BEAVER WAY
83 TAMPA, FL
84 City **FL** 85 Zip Code 33625

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: Delaine S Dinsmore MA (DATE: If registered agent signature required after reinstatement)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	DINSMORE, DELAINE G	12 NAME	
STREET ADDRESS	6410 BEAVER WAY	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	JONES, KATHY	22 NAME	
STREET ADDRESS	6410 BEAVER WAY	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 above, or on an attachment with an address.

SIGNATURE: Delaine S Dinsmore MA
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

DATE

0290535 CP