

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. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000014435 (0)

1. Corporation Name

DUSTY TROYER, INC.



Principal Place of Business

Mailing Address

**2701 W. BUSCH BLVD.
TAMPA FL 33618
US**

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TAMPA FL 33618
US**

3. Date Incorporated or Qualified

02/19/1993

3a. Date of Last Report

06/08/1995

4. FEI Number

59-3164941

Applied For
Not Applicable

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

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

**TROYER, DARVIN W
2701 BUSCH BLVD.
TAMPA FL 33618**

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

Signature type: 1. Registered Agent; 2. Officer or Director; 3. Receiver or Trustee; 4. Other (if applicable)

(NOTE: Registered Agent's signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D
TROYER, DARVIN W**
STREET ADDRESS **14015 SHADY SHORES DR.**
CITY - ST - ZIP **TAMPA FL 33613**

TITLE ☐ DELETE

NAME **D
TROYER, RUTH ANN**
STREET ADDRESS **14015 SHADY SHORES DR.**
CITY - ST - ZIP **TAMPA FL 33613**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

11.1 TITLE

12.1 NAME

13.1 STREET ADDRESS

14.1 CITY - ST - ZIP

21.1 TITLE

22.1 NAME

23.1 STREET ADDRESS

24.1 CITY - ST - ZIP

31.1 TITLE

32.1 NAME

33.1 STREET ADDRESS

34.1 CITY - ST - ZIP

41.1 TITLE

42.1 NAME

43.1 STREET ADDRESS

44.1 CITY - ST - ZIP

51.1 TITLE

52.1 NAME

53.1 STREET ADDRESS

54.1 CITY - ST - ZIP

61.1 TITLE

62.1 NAME

63.1 STREET ADDRESS

64.1 CITY - ST - ZIP

SIGNATURE:

D.W. Troyer

D.W. TROYER

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-96

813-933-5033

City or Phone #

CR2E034 (3/96)