

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 # P93000024933 (2)

1. Corporation Name

D. E. BENSON, INC.

Principal Place of Business

4948 US HIGHWAY 19
NEW PORT RICHEY FL 34652

Mailing Address

4948 US HIGHWAY 19
NEW PORT RICHEY FL 34652



2. Principal Place of Business

21 5158 U.S. Hwy 19

2a. Mailing Address

26 5158 U.S. Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 New Port Richey, FL

City & State

28 New Port Richey, FL

Zip

Country

Zip

Country

24 34652

25

29 34652

30

9. Name and Address of Current Registered Agent

WOLLINKA, DAVID J
2312 US HIGHWAY 19
HOLIDAY FL 34690

3. Date Incorporated or Qualified

04/01/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3175987 - 59-3175687

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	BENSON, DONALD E	4948 US HIGHWAY 19 NEW PORT RICHEY FL 34652	<input type="checkbox"/> DELETE			
	D	BENSON, BOBBIE J	4948 US HIGHWAY 19 NEW PORT RICHEY FL 34652	<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			

1. 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

CR2E034 (12/95)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/96 (813) 849-4723