## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000024933 (2)

D. E. BENSON, INC.

**FILED** Feb 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						T TO STAND THE PROPERTY OF THE		140108 1110	J (III) IBB1	
5158 US HWY 19 NEW PORT RICHEY FL 34 US	4652	5158 US HWY 19 NEW PORT RICHEY FL 34652 US				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 04/01/1993				
2. Principal Place of Bus	inges	2a. Mailing Address				4. FEI Number		I An	plied For	
21	11033	— ·	26			59-3175687	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					□ \$		dditional	
22		27	27			5. Certificate of Status Desired		Fee Re	quired	
City & State		City & State	<u>├</u>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23	Country	28 7ip	Zip Country							
Zip 24	Country		30	iu y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No				
	25   29   30   9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
WOLLINKA, DAVID J					Vame		<del></del>			
2312 US HIGHWAY 19				<b>82</b> 8	Street Addre	ress (P.O. Box Number is Not Acceptable)				
HOLIDAY FL	34690		63							
				84 (	Dity		8!	Zip C	Code	
					•		FL  °			
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										
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTOR	3 IN 12	
TITLE D		☐ DELETE	1.1 TITL	LE				Change	Addition	
NAME BENSO	in, donald e		1.2 NA	ME				,		
STREET ADDRESS 4948 U			1.3 STR	REET AD	DRESS				1	
·	ORT RICHEY FL 346	52 ☐ DELETE	1.4 CIT		ZIP .		· γ-1·	Change	Addition	
1 -	D DENOON RODDIE I		l l	2.1 TITLE				Change	L. AUGILION	
	N, BOBBIE J		2.2 NAM			. •				
	IS HIGHWAY 19 ORT RICHEY FL 346:	RO .	2.3 STR		1				į	
CITY-ST-ZIP NEW P	ONI NOTET PE 340	DELETE	2. 4 CIT		ZIP		П	Change	Addition	
NAME		Steen	3.2 NAME			•				
STREET ADDRESS			3.3 STREET ADDRESS		DRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP		1					
TITLE			_	4.1 TITLE				Change	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STR	REET AD	DRESS					
CITY-ST-ZIP	_		4.4 CIT	Y-ST-Z	ZIP					
TITLE		☐ DELETE	5.1 TITL	LE			L	Change	☐ Addition	
NAME			5.2 NA							
STREET ADDRESS			5.3 STR	REET ADI	DRESS					
CITY-ST-ZIP		The second	5.4 CIT		ZIP			Change	Addition	
TITLE		☐ DELETE	6.1 TITU				LJ	Change	☐ Addition	
NAME			6.2 NA							
STREET ADDRESS				REET ADI						
CITY-ST-ZIP	he information europlied	with this filing does not qualify		Y-ST-Z		ection 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.

2/11/08 (CI) 8116.11729