

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055337 (8)

1. Corporation Name
D'MARLIN, INC.

Principal Place of Business
**247 LOWER MATECUMBE RD
KEY LARGO FL 33037**

Mailing Address
**247 LOWER MATECUMBE RD
KEY LARGO FL 33037**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/05/1993** 3a. Date of Last Report **11/28/1994**

4. FEI Number **65-0428053** 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 2a. Mailing Address

21. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PICON, WILLIAM
247 LOWER MATECUMBE RD
KEY LARGO FL 33037**

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 the filer)

(Filer's Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME **D PICON, WILLIAM**

12.2 STREET ADDRESS **247 LOWER MATECUMBE RD**

12.3 CITY, ST, ZIP **KEY LARGO FL 33037**

12.4 TITLE

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY, ST, ZIP

12.8 TITLE

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY, ST, ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY, ST, ZIP

12.16 TITLE

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY, ST, ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY, ST, ZIP

12.24 TITLE

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY, ST, ZIP

12.28 TITLE

12.29 NAME

12.30 STREET ADDRESS

12.31 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR