

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 # P93000072569 (5)

1. Corporation Name

DT PUBLISHING INC.



Principal Place of Business

4456 TAMiami TRAIL
UNIT B-12
CHARLOTTE HARBOR FL 33980

Mailing Address

4456 TAMiami TRAIL
UNIT B-12
CHARLOTTE HARBOR FL 33980

3. Date Incorporated or Qualified
10/19/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 147 West Marion Ave.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Punta Gorda, FL

28

Zip

Country

Zip

Country

24 33950

25 USA

29

30

4. FEI Number
65-0455147

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

10. Name and Address of New Registered Agent

MURPHY, DANIEL L.
2485-2 TAMiami TRAIL
PORT CHARLOTTE FL 33952

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 607.055, Florida Statutes.

SIGNATURE

Signature, by or on behalf of, of registered agent and the state of FL

Signature, by or on behalf of, of registered agent and the state of FL

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/S	☐ DELETE
NAME	THOMAS, DEBRA	
STREET ADDRESS	12480 BURN STORE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VP/T	☐ DELETE
NAME	THOMAS, RON	
STREET ADDRESS	461 W. MARION AVE.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	550 BURN STORE
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33950
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	3355 TAMiami TRAIL APT A
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33950
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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:

Debra Thomas

DEBRA THOMAS

6/30/96

941-637-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)