

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000081548 (8)**

1. Corporation Name  
**DISTRIBUTORS ENGINEERING SERVICES, INC.**



Principal Place of Business: **1180 SPRING CENTRE SOUTH BLVD SUITE 306 ALTAMONTE SPRINGS FL 32714**  
Mailing Address: **PO BOX 1251 ROCKLEDGE FL 32956-1251 US**

3. Date Incorporated or Qualified: **11/30/1993**  
3a. Date of Last Report: **02/10/1995**

2. Principal Place of Business: **564 INTERNATIONAL PLACE**  
2a. Mailing Address: **PO BOX 1251 ROCKLEDGE FL 32956-1251 US**

4. FEI Number: **59-3200558**  
Applied For:  Applied For  Not Applicable

22. City & State: **Rockledge, FL**  
27. Suite, Apt. #, etc.: **BICKNER**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: **Rockledge, FL**  
28. City & State: **Rockledge, FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: **32955**  
25. Country: **BICKNER**  
29. Zip: **32955**  
30. Country: **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**FRESE, GARY B  
1180 SPRING CENTRE SOUTH BLVD  
SUITE 306  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable): **930 S. Harbor City Blvd, Suite 505**  
83. City:  
84. City: **MELBOURNE**  
85. Zip Code: **FL 32901**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and that of applicant. (P.O. Box Number is Not Acceptable) Registered Agent signature required when first filed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRAWN, EVELYN D</b>	1.2 NAME	
STREET ADDRESS	<b>143 RIVERSIDE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Evelyn D. Strawn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (707) 632-7007  
Date Digital Phone #

CR2E034 (12/95)