

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

FILED

May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000010573 (1)

1. Corporation Name

DCL CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

5328 MCINTOSH POINT
SANFORD FL 32773
US

5328 MCINTOSH POINT
SANFORD FL 32773-6145
US

3. Date Incorporated or Qualified
02/02/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3223401

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

21 5850 T.G Lee Blvd

Suite, Apt. #, etc.

22 Suite 650

City & State

23 Orlando FL

Zip

24 32822

Country

25 USA

2a. Mailing Address

26 5850 T.G Lee Blvd

Suite, Apt. #, etc.

27 Suite 650

City & State

28 Orlando FL

Zip

29 32822

Country

30 USA

9. Name and Address of Current Registered Agent

OUZTS, DONIA V
5328 MCINTOSH POINT
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name

Donia V. Ouzts

82 Street Address (P.O. Box Number is Not Acceptable)

5850 T.G Lee Blvd

83

Suite 650

84

Orlando

FL

85 Zip Code

32822

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. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
PMC
OUZTS, DONIA V
2960 WESTWOOD DR.
TITUSVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
OUZTS, LEWIS C
2960 WESTWOOD DR.
TITUSVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BYRNES, FRANCES A
3382 MISSION BAY BLVD., UNIT 171
ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 does not qualify for the exemption stated in Section 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.

SIGNATURE: Donia V. Ouzts, President 5/5/97 856-9790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)