

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000030170 (2)

1. Corporation Name

DCP CORPORATION



Principal Place of Business

**3010 SOUTH 3RD ST.
SUITE A
JACKSONVILLE BEACH FL 32250**

Mailing Address

**3010 SOUTH 3RD ST.
SUITE A
JACKSONVILLE BEACH FL 32250**

3. Date Incorporated or Qualified
04/20/1994

3a. Date of Last Report
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

APPLIED FOR 59-3372576

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

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

**PATTERSON, LAWRENCE R
3010 SOUTH 3RD ST.
SUITE A
JACKSONVILLE BEACH FL 32250**

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 of the person who is the registered agent for the corporation

Signature of the person who is the registered agent for the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D
DOWLING, RANDY
581 LOCUST ST.
N. TONAWANDA NY 14120**

TITLE ☐ DELETE

**D
CORBETT, MIKE
265 ARGONNE DR.
KENMORE NY 14120**

TITLE ☐ DELETE

**D
PATTERSON, ROBERT C
74 GRATON RD.
TONAWANDA NY 14150**

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

2. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

3. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

4. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

5. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

6. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

**100001787881
-04/21/96--01003--021
***200.00**

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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 716-873-5300

Daytime Phone #

CR2E034 (12/95)