

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 # P94000031473 (9)

1. Corporation Name

DMV, INC.



Principal Place of Business

Mailing Address

ARBOR SHORELINE - SUITE 505
19321 U.S. HWY. 19 NORTH
CLEARWATER FL 34624

ARBOR SHORELINE - SUITE 505
19321 U.S. HWY. 19 NORTH
CLEARWATER FL 34624

2. Principal Place of Business

2a. Mailing Address

21 First Union Bank Plaza

26 First Union Bank Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 801 West Bay Dr; Suite 707

27 801 West Bay Dr; Suite 707

City & State

City & State

23 Largo, Florida

28 Largo, Florida

Zip

Zip

Country

Country

24 34640

25 USA

29 34640

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOUPS, LEON H

~~ARBOR SHORELINE - SUITE 505
19321 U.S. HWY. 19 N.
CLEARWATER FL 34624~~

81 Name TOUPS, LEON H.

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

First Union Bank Plaza

83 801 West Bay Dr; Suite 707

84 City Largo

FL

85 Zip Code 34640

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

LEON H. TOUPS

(NOTE: Registered Agent Signature is not required for this filing.)

2/2/96

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	TOUPS, LEON H	
STREET ADDRESS	19321 U.S. HWY. 19 N., SUITE 505	
CITY, ST, ZIP	CLEARWATER FL	
TITLE	SD	☒ DELETE
NAME	TOUPS, LYNN R.	
STREET ADDRESS	418 HARBOR VIEW LANE	
CITY, ST, ZIP	LARGO FL	
TITLE	VPD	☒ DELETE
NAME	TOUPS, VICTORIA L.	
STREET ADDRESS	418 HARBOR VIEW LANE	
CITY, ST, ZIP	LARGO FL	
TITLE	VPD	☐ DELETE
NAME	TOUPS, MICHAEL P.	
STREET ADDRESS	400 PALM DR.	
CITY, ST, ZIP	LARGO FL	
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. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	First Union Bank Plaza, 801 West Bay Dr., Suite 707
4. CITY, ST, ZIP	Largo, Florida 34640
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	First Union Bank Plaza, 801 West Bay Dr., Suite 707
12. CITY, ST, ZIP	Largo, Florida 34640
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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:

LEON H. TOUPS (LEON H. TOUPS)

2-2-96

813-532-0063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

Daytime Phone #

CR2E034 (12/95)