

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059378 (7)

1. Corporation Name
DEC VALET, INC.

Principal Place of Business

15013 ROUNDUP DR
TAMPA FL 33624

Mailing Address

15013 ROUNDUP DR
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/11/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21 239 S. FRANKLIN

2a. Mailing Address

26 15013 Roundup Dr.

4. FBI Number

59-3263949

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 No ☒ Yes ☒ No ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tampa FL

28 Tampa, FL

Zip

Country

24 33602 25 U.S.

Zip

Country

29 33624 30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODWIN, JAMES W
111 E MADISON ST SUITE 2300
TAMPA FL 33602

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP — Sole Director
NAME DEC, KEVIN A
STREET ADDRESS 15013 ROUNDUP DR
CITY - ST - ZIP TAMPA FL 33624
PRES, Sec & TREAS

TITLE ~~VP~~
NAME ~~DEC, LORI G~~
STREET ADDRESS ~~15013 ROUNDUP DR~~
CITY - ST - ZIP ~~TAMPA FL 33624~~

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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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)(b), 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:

Kevin A. Dec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95 (813) 9684525
DATE DAY/MON/YEAR