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**APPROVED
AND
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09/13/1994 PM 2:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000068138 (4)

1. Incorporated Under:

DLT, INC.

**Principal Place of Business
3083 WINDRIDGE OAKS DR.
PALM HARBOR FL 34684**

**Mailing Address
3083 WINDRIDGE OAKS DR.
PALM HARBOR FL 34684**

(DO NOT WRITE IN THIS SPACE)

**3. Date Incorporated or Qualified
09/13/1994**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. # etc.

26. State, Apt. # etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

25. City & State

30. City & State

**4. FEI Number
59-3281557**

**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 unreported tax under S. 191(3)(2),
Florida Statutes. ☐ Yes ☒ No**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNEDY, TIMOTHY C
3083 WINDRIDGE OAKS DR.
PALM HARBOR FL 34684**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.24(4) and 607.15(8), 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 authorized to accept the delegation of Sections 607.24(4) Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

**1. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP**

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, STATE, ZIP**

**2. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, STATE, ZIP**

**3. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, STATE, ZIP**

**4. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, STATE, ZIP**

**5. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, STATE, ZIP**

**6. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, STATE, ZIP**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 191(2)(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same as provided in 191(2)(3)(a) if made within eight days after an officer or director of the corporation or the receiver or trustee organized to conduct this report is reported by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of a corporation or an organization with an address.

**SIGNATURE: *Diana M. Kennedy* DIANA M. KENNEDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICE PRESIDENT**

4-25-95 813-787-7538