

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90128 034 ***150.00

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DOCUMENT # P94000068138

1. Corporation Name
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

4. FEI Number
59-3281557

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 35246 US Hwy 19 N.

Suite, Apt. #, etc.
22 187

City & State
23 PALM HARBOR FL

Zip Country
24 34684 25 USA

2a. Mailing Address

26 35246 US Hwy 19 N.

Suite, Apt. #, etc.
27 187

City & State
28 PALM HARBOR FL

Zip Country
29 34684 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name DIANA M. KENNEDY
82 Street Address (P.O. Box Number is Not Acceptable)
35246 US Hwy 19 N. #187
83
84 City PALM HARBOR FL 85 Zip Code 34684

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] PRESIDENT DIANA M. KENNEDY 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME KENNEDY, TIMOTHY C
STREET ADDRESS 3083 WINDRIDGE OAKS DR.
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ DELETE
NAME KENNEDY, DIANA M
STREET ADDRESS 3083 WINDRIDGE OAKS DR.
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 35246 US Hwy 19 N. #187
2.4 CITY-ST-ZIP PALM HARBOR, FL 34684

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 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, with all other like empowered.

SIGNATURE: [Signature] DIANA M. KENNEDY 4/26/99 727-787-2538
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)