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

PROFIT CORPORATION *****ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000071517 (4) **DOCUMENT #**

DR EXPORTS, INC.

Principal Place of Business 1991 INDUSTRIAL DRIVE DELAND FL 32724

Mailing Address

1991 INDUSTRIAL DRIVE DELAND FL 32724



| | | | | | | | | | 05/01/1995 | | |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|--------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|-----------------------------------------|--|--|
| 2. Principal Pla | ace of Business | 2a, Mailing Address 26 | vlailing Address | | | 4, FEI Number 59-3271330 | | | Applied For Not Applicable | | |
| Suite, Apt. #, etc | | Suite Apt. #, etc. 27 | | | | 5, Certificate of Status Desired | | | \$8.75 Additional Fee Required | | |
| City & State | | City & Srate | ··· * · · · | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | | |
| Zip 24 ' | Country 25 | Ζιρ 29 | Zip Country 30 | | | 8. This corporation has liability for in Florida Statutes Yes | | k unde | rs 199.032, | | |
| | g. Name and Address of Currer | | [1 | | | 10. Name and Address of New Re | gistered / | gent | | | |
| | | | · · · | 81 | Name | | | | | | |
| CAROLAN, J.P. III 390 N. ORANGE AVE. | | | | | 82 Street Address (F.O. Box Number is Not Acceptable) | | | | | | |
| ORLANDO FL 32802 | | | - | 83 | | A CONTRACT OF THE PROPERTY OF | | | | | |
| | | | | 84 | City | | FL | 85 | Zip Code | | |
| or register | to the provisions of Sections 607.050; red agent, or both, in the State of Fior th, and accept the obligations of, Sec | ida. Such change was authori | ized by the co | ve-n | named corpo oration's boa | oration submits this statement for the purp and of directors. Thereby accept the appo | ose of cha intrnent as | nging i registe | ts registered office red agent. I am | | |
| SIGNATURE | Signative is cost or product narror of my overcitians | | | Ajer | Lsykalata baqak | out where the stating | [IAI] . | | | | |
| 12. | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND | DIREC | CIORS IN 12 | | |
| TITLE | D | □ SELETE | 1 1 1/1 | ίE | | | |] Chan | ge 🔲 Addition | | |
| NAME | ROBINSON, DAVID R | | 1.2 NA | ME | | | | | | | |
| STREET ADDRESS | 1991 INDUSTRIAL DRIVE | | 13516 | aF i- ſ | ADDHESS | | | | | | |
| CITY-ST-ZIP | DELAND FL 32724 | | 1.4 CIT | | 1 | | | | | | |
| TITLE | 323 413 11 42:27 | ☐ DEFETE | 2 1 11 | | | | | 7 Chan | ge 🔲 Addition | | |
| NAME | | | 2.2 NAI | M£ | | | _ | | - | | |
| STREET ADDRESS | İ | | B | | ADDRESS | | | | | | |
| CITY-ST-ZI ² | | | 2.4 GIT | | | | | | | | |
| TITLE | | 3 1 111 | | | | Г |] Chan | ge | | | |
| NAME | | DETER | 3.2 NAI | | • | | _ | _ | _ | | |
| STREET ADDRESS | | | | | : ADORESS | | | | | | |
| CITY-ST-ZI2 | | | 3.4 CiT | | | | | | | | |
| TITLE | | ☐ DELETE | 4 1 10 | | 11.20 | | | 7 Chan | ge 🔲 Addition | | |
| NAME | | | 4.2 NAI | | | | | _ | | | |
| STREET ADDRESS | | | | | I ADDRESS | | | | | | |
| | | | | | | | | | | | |
| CITY-ST-Z:> TITLE | | □ DELETE | 4.4 CH 5. 1 FH | | 11 - 705 | | r | 7 Chan | ge 🗍 Addition | | |
| NAME | | | 5 2 NAI | | | 60000182 | 265 | 56 | a | | |
| | | | | | 1 | -05/15/96010 | 6900 | 18 | | | |
| STREET ADDRESS | | | | | F ADDRESS | ***200.00 | | - | | | |
| CITY - ST - ZIP | | [7] DELETE | 5.4 CII 6. 1 Til | | it - ZIF | | F | 7 Chan | ge Addition | | |
| TITLE | | [] percit | | | | | L | । ০.।এ⊓ | g. Nuglion | | |
| NAME | | | 6.2 NA | | | | | | ノグハ | | |
| STREET ADDRESS | | | | | LADDRESS | | | | 5 | | |
| CITY ST. 7IP | i | | 64.04 | V - S | ST . 7-0 | | | | | | |

14. Ido hereby certify that the information supplied with this fling 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 out his annual report of upplemental 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 during resident or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 or charged, or on an adjustment with an address.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/29/96 (904) 138-1809

CR2E034 (12/95)