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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000005494 (6)

1. Corporation Name

DIABETIC SUPPLY FOUNDATION OF LABELLE, INC.



Principal Place of Business

Mailing Address

17261 BROADWAY ST.
ALVA FL 33920

17261 BROADWAY ST.
ALVA FL 33920

3. Date Incorporated or Qualified
01/20/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 7605 HWY 80
Suite, Apt. #, etc.

26 P.O. Box 515
Suite, Apt. #, etc.

4. FEI Number
65-0548585

Applied For
Not Applicable

22 City & State
ALVA FL

27 City & State
ALVA FL

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

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

23 Zip Country
33920 USA

28 Zip Country
33920 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARRIMORE, JOHN
PO BOX 515 7605 HWY 80
ALVA FL 33920

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

John Larrimore JOHN LARRIMORE

2-18-97

(Signature, typed or printed name of Registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS TANENBAUM, ROGER
CITY-ST-ZIP 7605 HWY. 80 LABELLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS LARRIMORE, JOHN
CITY-ST-ZIP 7605 HWY. 80 LABELLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Roger Tanenbaum Roger Tanenbaum 1/22/97

(Signature, typed or printed name of signing officer or director)

Date

Daytime Phone #

0524765

CR2E034 (9/96)