

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000023793 (9)

1. Corporation Name

DALE W. DELANEY, P.A.



Principal Place of Business

11965 85TH TERR., N.  
SEMINOLE FL 34642

Mailing Address

11965 85TH TERR., N.  
SEMINOLE FL 34642

3. Date Incorporated or Qualified  
03/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 1212 COURT STREET

2a. Mailing Address

26 1212 COURT STREET

4. FEI Number

59-3304182

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE C-1

Suite, Apt. #, etc.

27 SUITE C-1

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

City & State

23 CLEARWATER, FL

City & State

28 CLEARWATER, FL

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

Zip

24 34616

Country

25 US

Zip

29 34616

Country

30 US

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

9. Name and Address of Current Registered Agent

DELANEY, DALE W  
11965 85TH TERR., N.  
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name DALE W. DELANEY

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

1212 COURT STREET

83 SUITE C-1

84 City CLEARWATER

FL

85 Zip Code 34616

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.

DALE W. DELANEY

(NOTE: Registered Agent signature required when reinstating)

4-22-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DELANEY, DALE W  
STREET ADDRESS 11965 85TH TERR., N.  
CITY-ST-ZIP SEMINOLE FL 34642

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

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  
2.4 CITY-ST-ZIP

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 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)(k), 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE W. DELANEY

4-22-96

Date

(813) 441-3848

Daytime Phone #

CP2E034 (12/95)