

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

FILED

Jan 23 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 # P95000043661 (4)

1. Corporation Name  
DIABETIC SUPPLIERS OF THE U.S., INC.

Principal Place of Business

206 SIBERT AVENUE  
DESTIN FL 32541

Mailing Address

206 SIBERT AVENUE  
DESTIN FL 32541-1525



2. Principal Place of Business

21 10 MAGNOLIA DR

Suite, Apt. #, etc.

22 DESTIN FLA

City & State

23 32541 OKALOOSA

Zip

Country

24

2a. Mailing Address

26 10 MAGNOLIA DR

Suite, Apt. #, etc.

27 DESTIN FLA

City & State

28 32541 OKALOOSA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

APRIL MAY-KULP  
206 SIBERT AVE  
DESTIN FL 32541

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

01/29/1996

4. FEI Number

59-3316834

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 intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

APRIL MAY-KULP

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

10 MAGNOLIA DR

83

84 City

DESTIN

FL

85 Zip Code

32541

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 April May-Kulp

APRIL MAY-KULP

14 JAN 97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KULP, THOMAS P  
STREET ADDRESS 206 SIBERT AVENUE  
CITY- ST- ZIP DESTIN FL 32541

TITLE ☐ DELETE

NAME D KULP, APRIL M  
STREET ADDRESS 206 SIBERT AVENUE  
CITY- ST- ZIP DESTIN FL 32541

TITLE ☐ DELETE

NAME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY- ST- ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY- ST- ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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: Thomas R Kulp THOMAS R. KULP 14 JAN 97 654-7768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)