

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

**DOCUMENT # P95000043661**

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

Principal Place of Business

**10 MAGNOLIA DRIVE  
DESTIN FL 32541  
US**

Mailing Address

**10 MAGNOLIA DRIVE  
DESTIN FL 32541  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/06/1995**

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc

**26**  
Suite, Apt. #, etc

**22**  
City & State

**27**  
City & State

**23**  
Zip Country

**28**  
Zip Country

**24**

**25**

**29**

**30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAY-KULP, APRIL  
10 MAGNOLIA DRIVE  
DESTIN FL 32541**

**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

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 **D** ☐ DELETE  
NAME **KULP, THOMAS R**  
STREET ADDRESS **10 MAGNOLIA DRIVE**  
CITY-ST-ZIP **DESTIN FL 32541**

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **KULP, APRIL M**  
STREET ADDRESS **10 MAGNOLIA DRIVE**  
CITY-ST-ZIP **DESTIN FL 32541**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

*Thomas R Kulp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS R. KULP** 15 MARCH 99 850-654-5514  
Date Daytime Phone #

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90081 006 \*\*\*150.00



CR2E034 (1/98)