

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 # **P95000053360 (0)**

1. Corporation Name
DARCON DISTRIBUTION CORP.



Principal Place of Business: **1700 MCMULLEN BOOTH ROAD SUITE D-1 CLEARWATER FL 34619**
Mailing Address: **1700 MCMULLEN BOOTH ROAD SUITE D-1 CLEARWATER FL 34619**

3. Date Incorporated or Qualified: **07/05/1995**
3a. Date of Last Report
4. FEI Number 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

2. Principal Place of Business
21 **14310 CARLSON CIRCLE**
Suite, Apt. #, etc.
22 City & State: **TAMPA, FL**
23 Zip: **33626**
Country: **U.S.A.**
25
2a. Mailing Address
26 **14310 CARLSON CIRCLE**
Suite, Apt. #, etc.
27 City & State: **TAMPA, FL**
28 Zip: **33626**
Country: **U.S.A.**
29 30

9. Name and Address of Current Registered Agent
ROBINSON, JAMES L
1700 MCMULLEN BOOTH ROAD SUITE D-1
CLEARWATER FL 34619

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **10612 PINEAPPLE ROAD**
83
84 City: **SEMINOLE** FL 85 **34642**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and the corporation (print) Full name (do not abbreviate) required when registering.

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, JAMES L	
STREET ADDRESS	1700 MCMULLEN BOOTH ROAD SUITE D-1	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, FRANKLIN W	
STREET ADDRESS	1392 WINCHESTER HWY	
CITY-ST-ZIP	HILLSBORO TN 37342	
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBINSON, BOBBY D.	
2.3 STREET ADDRESS	3302 SAN CARLOS ST.	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34619	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBINSON, CHRISTINE	
3.3 STREET ADDRESS	3302 SAN CARLOS ST.	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34619	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address.

SIGNATURE: *Christine Robinson* **CHRISTINE ROBINSON, DIRECTOR** 4/24/96 (813)854-4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Month Year

CR2E034 (12/95)