

\* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 \*

CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name:

DNC ASSOCIATES, INC.

DOCUMENT #  
P95000060094

Mailing Address

1703 Main Street  
Sarasota, Florida 34236

Principal Place of Business

1703 Main Street  
Sarasota, Florida 34236

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip\*

Country

2a. Principal Place of Business

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

July 31, 1995

4. FEI Number

✓ 65-0617209

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

7. Nonprofit Exempt from \$138.75  
Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

William A. Dooley  
2070 Ringling Boulevard  
Sarasota, Florida 34237

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

11 TITLE P/D Anthony Hroncich, Jr.  
12 NAME 1703 Main Street  
13 STREET ADDRESS Sarasota, FL 34236  
14 CITY-ST-ZIP

21 TITLE VP/D Donald J. Stanzione  
22 NAME 1703 Main Street  
23 STREET ADDRESS Sarasota, FL 34236  
24 CITY-ST-ZIP

31 TITLE S/D Nick Melone  
32 NAME 1703 Main Street  
33 STREET ADDRESS Sarasota, FL 34236  
34 CITY-ST-ZIP

41 TITLE T/D Carmen M. Hroncich  
42 NAME 1703 Main Street  
43 STREET ADDRESS Sarasota, FL 34236  
44 CITY-ST-ZIP

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

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

800001720068  
-02/21/96--01013--002  
\*\*\*200.00

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald J. Stanzione, Vice President

Jan. 12, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PC 2-21-96