

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 # P95000090170 (8)

1. Corporation Name

~~CASAVANT, INC.~~

name changed to:
Dolphin Book Nook, Inc.

PKP



Principal Place of Business

8115 SOMERSET DR.
LARGO FL 34643

Mailing Address

8115 SOMERSET DR.
LARGO FL 34643

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

2. Principal Place of Business

21 4667 Gulf Blvd

2a. Mailing Address

26 4667 Gulf Blvd

4. FEI Number

59-3346820

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 103

27 Suite 103

City & State

City & State

23 St Pete Beach, FL

28 St Pete Beach, FL

Zip

Country

Zip

Country

24 33706

25 USA

29 33706

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASAVANT, ROBERT V
8115 SOMERSET DR.
LARGO FL 34643

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

Robert V. Casavant
Signature, typed or printed name of registered agent and title if applicable

ROBERT V. CASAVANT, TREASURER

2/23/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change

☒ Addition

1.2 NAME

Janet K. Casavant

1.3 STREET ADDRESS

8115 Somerset Dr

1.4 CITY - ST - ZIP

Largo, FL 34643

2.1 TITLE

Vice-President

☐ Change

☒ Addition

2.2 NAME

Robert V. Casavant

2.3 STREET ADDRESS

8115 Somerset Dr

2.4 CITY - ST - ZIP

Largo, FL 34643

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

800001728838

5.1 TITLE

-03/01/96--01019--010

☐ Change

☐ Addition

5.2 NAME

***200.00

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 this 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: *Janet K. Casavant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96
Date

(813) 360-0866
Daytime Phone #

CR2E034 (12/95)