

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000027664 (7)

1. Corporation Name

D.C. ENTERPRISES OF ST. PETERSBURG INC.



Principal Place of Business

415 58 AVE NE  
ST PETERSBURG FL 33703

Mailing Address

415 58 AVE NE  
ST PETERSBURG FL 33703-2425

3. Date Incorporated or Qualified

03/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 5256 State Road 54

Suite, Apt. #, etc.

22

City & State

23 New Port Richey, FL

24 34652-6049

Country

25 Pasco

2a. Mailing Address

26 5256 State Road 54

Suite, Apt. #, etc.

27

City & State

28 New Port Richey, FL

29 34652-6049

Country

30 Pasco

4. FEI Number

59-3358888

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

9. Name and Address of Current Registered Agent

CLARK, DAVID V  
415 58 AVE NE  
ST PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name

Clark, David V.

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

5256 State Road 54

83

84 City

New Port Richey, FL FL

85 Zip Code

34652-6049

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

David V. Clark, President 3-26-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CLARK, DAVID V  
STREET ADDRESS 415 58 AVE NE  
CITY-ST-ZIP ST PETERSBURG FL 33703

☐ DELETE

TITLE D  
NAME MCQUADE, JOHN  
STREET ADDRESS 4501 SAWGRASS DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
12 NAME Clark, David V.  
13 STREET ADDRESS 5256 State Road 54  
14 CITY-ST-ZIP New Port Richey, FL 34652-6049

☒ Change ☐ Addition

2.1 TITLE  
22 NAME  
23 STREET ADDRESS

☐ Change ☐ Addition

3.1 TITLE  
32 NAME  
33 STREET ADDRESS

☐ Change ☐ Addition

4.1 TITLE  
42 NAME  
43 STREET ADDRESS

☐ Change ☐ Addition

5.1 TITLE  
52 NAME  
53 STREET ADDRESS

☐ Change ☐ Addition

6.1 TITLE  
62 NAME  
63 STREET ADDRESS

☐ 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

David V. Clark 3-26-97 813-845-5660

CR2E034 (9/96)