

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

FILED

Feb 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000101857 (6)**

1. Corporation Name

**DRC DEVELOPMENT CORP.**

Principal Place of Business

**18260 PAULSON DRIVE  
PORT CHARLOTTE FL 33954**

Mailing Address

**18260 PAULSON DRIVE  
PORT CHARLOTTE FL 33954-1040**



2. Principal Place of Business

21 **18260-C Paulson Dr**  
Suite, Apt. #, etc.

22 City & State

23 **Port Charlotte FL**

24 Zip

**33954**

Country

**Charlotte**

2a. Mailing Address

26 **18260-C Paulson Dr**  
Suite, Apt. #, etc.

27 City & State

28 **Port Charlotte FL**

29 Zip

**33954**

Country

**Charlotte**

3. Date Incorporated or Qualified

**12/17/1996**

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

9. Name and Address of Current Registered Agent

**WOLFF, DAVID C  
18260 PAULSON DRIVE  
PORT CHARLOTTE FL 33954**

10. Name and Address of New Registered Agent

81 Name

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

**18260-C Paulson Dr**

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **WOLFF, DAVID C**  
STREET ADDRESS **24156 YACHT CLUB BLVD.**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **DV** ☐ DELETE  
NAME **SMITH, RAYMOND J**  
STREET ADDRESS **2164 HARBOR DR.**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE **DST** ☐ DELETE  
NAME **GROSSMAN, CATHIE**  
STREET ADDRESS **24166 YACHT CLUB BLVD.**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
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 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

**SIGNATURE REQUIRED**

**2/6/97**

**441-629-5544**

Date

Daytime Phone # **0000208**

CR2E034 (9/96)