

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90125 016 ***150.00

DOCUMENT # P97000026277 ^{OK}

1. Corporation Name

DAC INCORPORATED

Principal Place of Business

Mailing Address

1241 N. TIMUCUAN TRAIL
INVERNESS, FL 34453

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

MARCH 25, 1997

4. FEI Number

65-0751347

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

1241 N. TIMUCUAN TRAIL

2a. Mailing Address

1241 N. TIMUCUAN TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

Zip

34453

County

CITRUS

Zip

34453

Country

CITRUS

9. Name and Address of Current Registered Agent

Thomas Mullins
1241 N. TIMUCUAN TRAIL
INVERNESS, FL 34453

10. Name and Address of New Registered Agent

81 Name

THOMAS MULLINS

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

1241 N. TIMUCUAN TRAIL

83

84 City

INVERNESS

FL

85 Zip Code

34453

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Thomas L. Mullins

Thomas L. Mullins

4/5/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P PRESIDENT (P) ☐ DELETE

NAME

THOMAS L. MULLINS

STREET ADDRESS 1241 N. TIMUCUAN TRAIL

CITY-ST-ZIP INVERNESS, FL 34453

TITLE S SECRETARY ☒ DELETE

NAME

BARBARA A. THORPE

STREET ADDRESS 1241 N. TIMUCUAN TRAIL

CITY-ST-ZIP INVERNESS, FL 34453

TITLE T TREASURER ☒ DELETE

NAME

BARBARA A. THORPE

STREET ADDRESS 1241 N. TIMUCUAN TRAIL

CITY-ST-ZIP INVERNESS, FL 34453

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 ST SECRETARY - TREASURER ☐ Change ☒ Addition

1.2 NAME

CAREN E. MULLINS

1.3 STREET ADDRESS 1241 N. TIMUCUAN TRAIL

1.4 CITY-ST-ZIP INVERNESS, FL 34453

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)