

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90031 010 ***150.00

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DOCUMENT # P97000026277

1. Entity Name
DAC INCORPORATED

Principal Place of Business
**1241 N. TIMUCUAN TRAIL
 INVERNESS FL 34453
 US**

Mailing Address
**1241 N. TIMUCUAN TRAIL
 INVERNESS FL 34453
 US**

814940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0751347**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULLINS, THOMAS L
 1241 N. TIMUCUAN TRAIL
 INVERNESS FL 34453**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	MULLINS, THOMAS L	
CITY-ST-ZIP	1241 N. TIMUCUAN TRAIL INVERNESS FL 34453	
TITLE NAME	ST	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	MULLINS, CAREN E	
CITY-ST-ZIP	1241 N TIMUCUAN TRAIL INVERNESS FL 34453	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Daniel Luce	
CITY-ST-ZIP	1609 Old Floral City Rd. Inverness FL 34450	
TITLE NAME	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Richard Nuzzi	
CITY-ST-ZIP	12322 S. Fern Pt. Floral City FL 34436	
TITLE NAME	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	J. Francis Croft	
CITY-ST-ZIP	5228 Wellig Avenue Brooksville, FL 34601	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **J. Francis Croft** **J. Francis Croft** **02/20/01** **(352) 799-6503**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)