Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90233 039 \*\*\*150.00

## 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

## **DOCUMENT # \$27528**

1. Corporation Name

DUCCH INDUCTDIES OF TAMPA INC

nuoun	INDUSTRIES OF TAIVIEA, IN	<b>U</b> •							
Principal Plac	e of Business	Mailing Address		_		] - E IMBIIDIA IIID IIANI ANDI ANIID NAON IANI BIII BIII	III MEMEL WIN	IF B18+1 81414 1001	
4616 N HESPR	IDES	P O BOX 15606							
TAMPA FL 33614 TAMPA FL 33684							20405		
US US						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed			
						01/28/1991			4
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For		4
21 26						<u>59-3045770</u>	\$8.75 Additional		
Suite, Apt. #, etc.						5. Certifcate of Status Desired		Additional Required	
22 27 City & State									4
City & Stat	le	City & State	City & State			6. Election Campaign Financing		<b>0</b> May Be d to Fees	1
23	28 Zip	Country			Trust Fund Contribution			1	
Zip	Country	<b>├</b> ` ~	io	цу		8. This corporation owes the current year Inta Personal Property Tax.	Yes	- ∐No	1=
24	9. Name and Address of Current		101			10. Name and Address of New Registered A			1
·····	5. Name and Address of Corrent	Kegistered Agent		81	Name		<u> </u>		1
USC	CHOLD, ROBERT D.						_		4
1009	9 OAKRIDGE MANOR DR		1	82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	NDON FL 33511		h	83			_		7
			Į,	٦-					_[
			[7	84	City	FL	85  Zi	p Code	İ
office or I	to the provisions of Sections 607.0502 registered agent, or both, in the State or am familiar with, and accept the obligation Signature, typed or printed name of registered agent	of Florida. Such change was aut ons of, Section 607.0505, Florid	horized da Statui	by t les.	ine corporation		ment as	registereu 	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			4
TILE	. 5		1.1 TITE	1.1 TITLE			Chang	e	1
NAME	USCHOLD, ROBERT D.		1.2 NAME						}
STREET ADDRESS			1.3 STR	EET.	ADDRESS				1
CITY-ST-ZIP	BRANDON FL		1.4 CIT	Y-ST	-ZIP	·			4
TITLE	VSD ☐ DELETE 2.1 T		2.1 TITL	2.1 TITLE			Chang	e Addition	i
NAME	34511625, 465111111		2.2 NAM	2.2 NAME					
STREET ADDRESS	TADDRESS 1009 OAKRIDGE MANOR DRIVE 233			2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CIT	2.4 CITY-ST-ZIP					1
TITLE	☐ DELETE 3.1 TI		3.1 TITL	.E		_	Chang	ge	1
HARIE	32 N		3.2 NAN	Æ			<del></del>	7	7
STREET ADDRESS			3.3 STR	EET.	ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST	T- ZIP				_
TITLE	☐ DELETE 4.1 T		4.1 TITL	4.1 TITLE			Chang	ge	'
NAME	4.		4, 2 NA	4, 2 NAME					
STREET ADDRESS			4.3 STR	EET.	ADDRESS				1
C/TY-ST-Z/P			4.4 ČIT	Y-ST	-ZIP				_
TITLE	DELETE 5.1 π			MLE			Chang	je 🗌 Addition	,}
NAME			5.2 NAM	Æ		•.			
STREET ADDRESS			5.3 STR	EET	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP				_
TITLE		☐ DELETE	6.1 TITL	E		,	Chang	je 🗌 Addition	۱ [
	Į.				1				- 1
NAME	l'		6.2 NAN	ИE	ı				-

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP