

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

FILED

Apr 03 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # S65198 (1)

1. Corporation Name
DOLPHIN DYNAMICS, INC.

Principal Place of Business
141 WATERMAN AVE
MOUNT DORA FL 32757

Mailing Address
141 WATERMAN AVE
MOUNT DORA FL 32757-9541



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25** **29** **30**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/05/1991

3a. Date of Last Report

03/15/1996

4. FEI Number

59-3075496

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

OSBORNE, ZEBULON L
141 WATERMAN AVENUE
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name

Ellis, Seth D.

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

141 Waterman Avenue

83

84 City

Mount Dora

FL

85 Zip Code

32757

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ **DELETE**

NAME **OSBORNE, ZEBULON L**
STREET ADDRESS **19045 LAKE SWATARA**
CITY - ST - ZIP **EUSTIS FL**

TITLE **VP** ☐ **DELETE**

NAME **COMPTON, WILLIAM E**
STREET ADDRESS **34111 PARKVIEW**
CITY - ST - ZIP **EUSTIS FL**

TITLE **ST** ☐ **DELETE**

NAME **ELLIS, SETH D**
STREET ADDRESS **19330 SPRING OAK DR**
CITY - ST - ZIP **EUSTIS FL**

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

S

☒ **Change** ☐ **Addition**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

P

☒ **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:

Seth D. Ellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

Date

352-735-1900

Daytime Phone #

CR2E034 (9/96)