

FILE NOW: FILING FEE AFTER MAY 1ST IS \$5.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moré
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V14937 (9)
1. Corporation Name
D&L ENTERPRISES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
1255 SEEDS AVENUE
SARASOTA FL 34237

Mailing Address
1255 SEEDS AVENUE
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1992

4. FEI Number

65-0312832

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

try

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUSPHY, LISA
1255 SEEDS AVENUE
SARASOTA FL 34237

11. Name

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

13.

14. City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being the duly authorized officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished in this report is true and accurate to the best of my knowledge and belief, and I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the undersigned, being the duly authorized officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished in this report is true and accurate to the best of my knowledge and belief, and I 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 reinstating

3/19/98

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
MURPHY, LISA M.
4846 GLEASON AVENUE
SARASOTA FL

☐ DELETE

1. Name
2. Street Address
3. City
4. State
5. Zip Code

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
MURPHY, DONALD
4846 GLEASON AVENUE
SARASOTA FL

☐ DELETE

1. Name
2. Street Address
3. City
4. State
5. Zip Code

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1. Name
2. Street Address
3. City
4. State
5. Zip Code

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1. Name
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4. State
5. Zip Code

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1. Name
2. Street Address
3. City
4. State
5. Zip Code

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1. Name
2. Street Address
3. City
4. State
5. Zip Code

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate to the best of my knowledge and belief, and I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

I, the undersigned, being the duly authorized officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished in this report is true and accurate to the best of my knowledge and belief, and I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/98

941
955-5990

Date

Daytime Phone #

0454936

CR2E034 (10/97)