

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 13, 1999 8:00 am
Secretary of State

04-13-1999 90101 046 ***150.00

DOCUMENT # V45596

1. Corporation Name
DATSLOR CREATIONS, INC.

Principal Place of Business
5961 FOXHOLLOW DRIVE
WINTER HAVEN FL 33884

Mailing Address
5961 FOXHOLLOW DRIVE
WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1992

4. FEI Number
59-3129131

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

21 4343 Thomas Wood Ln. E
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 7225
Suite, Apt. #, etc.

City & State

23 Winter Haven, FL

City & State

28 Winter Haven, FL

Zip

24 33880-1154

Country

25 U.S.A.

Zip

29 33883-7225

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ROLSTAD, THOMAS D.
707 ELLERBE WAY
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ROLSTAD, THOMAS D.
STREET ADDRESS 707 ELLERBE WAY
CITY-ST-ZIP LAKELAND FL 33801

TITLE DTS ☐ DELETE

NAME MIRABITO, MARYANN
STREET ADDRESS 4343 THOMAS WOOD LN E
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 DIRECTOR/CHAIRMAN ☐ Change ☒ Addition

1.2 NAME ROLSTAD, TIMOTHY J

1.3 STREET ADDRESS 4343 Thomas Wood Ln. E.

1.4 CITY-ST-ZIP Winter Haven FL 33880-1154

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: Maryann Mirabito *Maryann Mirabito*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 (941) 295-9717

Daytime Phone #

CR2E034 (11/98)