

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **258983** (6)  
1. Corporation Name  
**PERSONAL INVESTMENTS INC**



Principal Place of Business: **C/O WASHINGTON COUNTY KENNEL CLUB  
INTERSECTION HWY 79 & HWY 20  
EBRO FL 32437**

Mailing Address: **C/O WASHINGTON COUNTY KENNEL CLUB  
INTERSECTION HWY 79 & HWY 20  
EBRO FL 32437**

3. Date Incorporated or Qualified: **05/14/1962**      3a. Date of Last Report: **03/28/1995**

4. FEI Number: **59-1162937**      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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DEVARES, PAUL  
INTERSECTION HIGHWAY 79 & HIGHWAY 20  
EBRO FL**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 (if not applicable)

Name, Title and Address of person authorized to file this filing

DATE

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DERVAES, PAUL	
STREET ADDRESS	2506 ROCKY POINT AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HESS, LUTHER F	
STREET ADDRESS	10102 WOODSONG WAY	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HESS, STOCKTON R.	
STREET ADDRESS	P.O. BOX 111 N/A	
CITY - ST - ZIP	EBRO FL 32437	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARRY L. HESS	
STREET ADDRESS	BOX 111 N/A	
CITY - ST - ZIP	EBRO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATER, ROBERT E. II	
STREET ADDRESS	1330 NEEB ROAD	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATER, JOHN M.	
STREET ADDRESS	11508 TRASK S.	
CITY - ST - ZIP	TAMPA FL	

11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Craig R. Stevens	
13 STREET ADDRESS	Gen. Delivery	
14 CITY - ST - ZIP	Ebro, FL 32437	
21 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Linda M. Bradley	
23 STREET ADDRESS	9917 Birch Terrace	
24 CITY - ST - ZIP	Charlevoix, Mich 49720	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

*Filed & Paid*  
**APR 29 1996**  
**# 4749**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Luther F. Hess*      **Luther F. Hess**      4/29/96      904-234-3943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)