

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PH 4:19

DOCUMENT # 745928 (2)

1. Corporation Name
DEEDS AND DEDICATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 13845 TAMPA FL 33681	P O BOX 13845 TAMPA FL 33681

3. Date Incorporated or Qualified 02/13/1979	3a. Date of Last Report 05/26/1994
4. FEI Number 59-1897081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3002 Gandy Blvd.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tampa FL	28 City & State
24 33611 Zip	29 USA Country
25	30

9. Name and Address of Current Registered Agent

**HUNT, TIMOTHY
101 E KENNEDY BLVD.
TAMPA FL 33601**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

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 _____ DATE _____
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, JERRY	1.2 NAME	
STREET ADDRESS	204 N MACDILL AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERSERAU, SCOTT W	2.2 NAME	
STREET ADDRESS	866 TIMBER POND DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	2.4 CITY - ST - ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERSERAU, ARLINE	3.2 NAME	
STREET ADDRESS	866 TIMBER POND DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDER, LUCILLE	4.2 NAME	
STREET ADDRESS	4703 LOWELL AVE..	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, EDITH	5.2 NAME	
STREET ADDRESS	2508 KANSAS AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWS, B J, DR	6.2 NAME	
STREET ADDRESS	3301 BAYSHORE BLVD #1610	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	6.4 CITY - ST - ZIP	

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2-14-95** **813 831 4931**
(Signature, typed or printed name of signing officer or director) Date (Typed Name #)