

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 745928 (2)
1. Corporation Name
DEEDS AND DEDICATION, INC.



Principal Place of Business
**3002 GANDY BLVD
TAMPA FL 33611
US**

Mailing Address
**P O BOX 13845
TAMPA FL 33681**

3. Date Incorporated or Qualified **02/13/1979** 3a. Date of Last Report **02/28/1995**

| | | | | | | | |
|--------------------------------|--|---------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-1697081 | | Applied For Not Applicable | |
| 21 | | 26 | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 22 | | 27 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| City & State | | City & State | | 24 | | 25 | |
| Zip | | Country | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| | |
|----|--|
| 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 11 TITLE | P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOYCE, JERRY | 12 NAME | Sam Ciccarello |
| STREET ADDRESS | 204 N MACDILL AVE | 13 STREET ADDRESS | 25 Spanish Main |
| CITY - ST - ZIP | TAMPA FL | 14 CITY - ST - ZIP | Tampa FL 33609 |
| TITLE | D <input type="checkbox"/> DELETE | 21 TITLE | D, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MERSERAU, SCOTT W | 22 NAME | Debbie Gordon |
| STREET ADDRESS | 866 TIMBER POND DR. | 23 STREET ADDRESS | 6225 N. Dale Mabry #815 |
| CITY - ST - ZIP | BRANDON FL | 24 CITY - ST - ZIP | Tampa, FL 33614 |
| TITLE | DT <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERSERAU, ARLINE | 32 NAME | |
| STREET ADDRESS | 866 TIMBER POND DR. | 33 STREET ADDRESS | |
| CITY - ST - ZIP | BRANDON FL | 34 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 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 <input type="checkbox"/> DELETE | 5.1 TITLE | Treasurer <input checked="" 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 <input type="checkbox"/> DELETE | 6.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEADOWS, B J, DR | 6.2 NAME | Meadows, BJ Dr |
| STREET ADDRESS | 3301 BAYSHORE BLVD #1610 | 6.3 STREET ADDRESS | 3301 Bayshore Blvd 1610 |
| CITY - ST - ZIP | TAMPA FL | 6.4 CITY - ST - ZIP | Tampa FL 33611 |

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

SIGNATURE: Edith Coleman Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)