

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 20 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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 Mailing Address  
**3002 GANDY BLVD TAMPA FL 33611 US** **P O BOX 13945 TAMPA FL 33681-3845**

3. Date Incorporated or Qualified **02/13/1979** 3a. Date of Last Report **03/06/1996**  
4. FEI Number **59-1897081** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 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  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>JOYCE, JERRY</b> 204 N MACDILL AVE TAMPA FL
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>MERSERAU, SCOTT W</b> 866 TIMBER POND DR. BRANDON FL
TITLE <b>DT</b>	<input type="checkbox"/> DELETE <b>MERSERAU, ARLINE</b> 866 TIMBER POND DR. BRANDON FL
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>HOLDER, LUCILLE</b> 4703 LOWELL AVE.. TAMPA FL
TITLE <b>T</b>	<input type="checkbox"/> DELETE <b>COLEMAN, EDITH</b> 2508 KANSAS AVE. TAMPA FL
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>MEADOWS, B J, DR</b> 3301 BAYSHORE BLVD #1610 TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Sam Cicarello</b>	
1.3 STREET ADDRESS <b>25 Spanish Main</b>	
1.4 CITY-ST-ZIP <b>Tampa FL 33609</b>	
2.1 TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Debbie Gordon</b>	
2.3 STREET ADDRESS <b>8413 N. Armenia Ave. #1018</b>	
2.4 CITY-ST-ZIP <b>Tampa FL 33604</b>	
3.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Mersereau, Arlene</b>	
3.3 STREET ADDRESS <b>866 Timber Pond Dr</b>	
3.4 CITY-ST-ZIP <b>Brandon FL 33610</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: **Sam Cicarello, President, 2/10/97 813-831-4931**

CR2E037 (9/96)