

FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90254 001 ****15.31
 03-01-1999 90254 002 ****45.94

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745928

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



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		02/13/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1897081	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CICARRELLO, SAM	1.2 NAME	Debbie Gordon
STREET ADDRESS	25 SPANISH MAIN	1.3 STREET ADDRESS	6416 Ambassador
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa FL 33615
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERSERAU, SCOTT W	2.2 NAME	CICARRELLO, SAM
STREET ADDRESS	866 TIMBER POND DR.	2.3 STREET ADDRESS	43 SPANISH MAIN
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	TAMPA FL
TITLE	DT <input type="checkbox"/> DELETE	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 <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	T <input type="checkbox"/> DELETE	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	D <input type="checkbox"/> DELETE	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 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 if changed, or on an attachment with an address, with all other like empowered...

SIGNATURE: *S. Cicarrello* **SIGNED** 1/11/99 813-884-3491

CR2E037 (1/198)