

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90013 046 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # L63707

1. Corporation Name
DEBORAH KAY PRICE ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**24 SOUTH FIRST STREET
 LAKE WALES FL 33853
 US**

Mailing Address
**24 SOUTH FIRST STREET
 LAKE WALES FL 33853
 US**

3. Date Incorporated or Qualified
04/02/1990

4. FEI Number
59-2998847

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEASLEY, DEBORAH K
 950 ALDO ROAD
 BABSON PARK FL 33827**

81 Name
DEBORAH K. BRYANT

82 Street Address (P.O. Box Number is Not Acceptable)
950 ALDO RD.

83

84 City **Babson Park** FL 85 Zip Code **33827**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH K TRAMMELL	1.2 NAME	DEBORAH K BRYANT
STREET ADDRESS	111 E. CENTRAL AVE	1.3 STREET ADDRESS	24 SOUTH FIRST ST.
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	DST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, DEBORAH K	2.2 NAME	
STREET ADDRESS	24 S FIRST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 33853	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: Deborah K Bryant **REQUIRED** Date: Pres Daytime Phone #: 941-676-6260

CR2E034 (1/98)