


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY - 1 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V34689** (2)

1. Corporation Name
DESERET PROPERTIES OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address

% PAUL GENHO
13754 DESERET LANE
ST. CLOUD FL 34773

% PAUL GENHO
13754 DESERET LANE
ST. CLOUD FL 34773

3. Date Incorporated or Qualified **05/08/1992** 3a. Date of Last Report **06/28/1994**

4. FEI Number **59-3170203** 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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

8. Name and Address of Current Registered Agent

GENHO, PAUL
13754 DESERET LANE
ST. CLOUD FL 34773

9. 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 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 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	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERHO, PAUL C	1.2 NAME	GENHO, PAUL C.
STREET ADDRESS	13754 DESERET LN	1.3 STREET ADDRESS	13754 DESERET LANE
CITY - ST - ZIP	ST CLOUD FL	1.4 CITY - ST - ZIP	ST. CLOUD, FL
TITLE		2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	GEORGE S. SPENCER
STREET ADDRESS		2.3 STREET ADDRESS	13754 DESERET LANE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	ST. CLOUD, FL
TITLE		3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	KENT L. COOK
STREET ADDRESS		3.3 STREET ADDRESS	13754 DESERET LANE
CITY - ST - ZIP		3.4 CITY - ST - ZIP	ST. CLOUD, FL
TITLE		4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	CHARLES P. WHIPPLE
STREET ADDRESS		4.3 STREET ADDRESS	139 E SOUTH TEMPLE ST
CITY - ST - ZIP		4.4 CITY - ST - ZIP	SALT LAKE CITY, UT.
TITLE		5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	ROBERT LAMOREAUX
STREET ADDRESS		5.3 STREET ADDRESS	139 E SOUTH TEMPLE ST
CITY - ST - ZIP		5.4 CITY - ST - ZIP	SALT LAKE CITY, UT
TITLE		6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	GREGORY L. WILLIAMS
STREET ADDRESS		6.3 STREET ADDRESS	712 S. OREGON AVENUE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	TAMPA, FL

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)(b), 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 addendum.

SIGNATURE: _____ DATE: **4-28-95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR