

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V34689 (2)**

1. Corporation Name  
**DESERET PROPERTIES OF FLORIDA, INC.**



Principal Place of Business <b>% PAUL GENHO 13754 DESERET LANE ST. CLOUD FL 34773</b>	Mailing Address <b>% PAUL GENHO 13754 DESERET LANE ST. CLOUD FL 34773</b>
--	--

3. Date Incorporated or Qualified <b>05/08/1992</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3170203</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>13754 DESERET LANE</b>	2a. Mailing Address 26 <b>13754 DESERET LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 <b>ST. CLOUD, FL</b>	27 City & State 28 <b>ST. CLOUD, FL</b>
24 Zip <b>34773</b>	25 Country <b>US</b>
29 Zip <b>34773</b>	30 Country <b>US</b>

9. Name and Address of Current Registered Agent <b>GENHO, PAUL 13754 DESERET LANE ST. CLOUD FL 34773</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME <b>GERHO, PAUL C</b>		1.2 NAME	
STREET ADDRESS <b>13754 DESERET LN</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST CLOUD FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME <b>SPENCER, GEORGE S</b>		2.2 NAME <b>JAMES B. PAYNE</b>	
STREET ADDRESS <b>13754 DESERT LANE</b>		2.3 STREET ADDRESS <b>13754 DESERET LANE</b>	
CITY-ST-ZIP <b>ST. CLOUD FL</b>		2.4 CITY-ST-ZIP <b>ST. CLOUD, FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME <b>COOK, KENT L</b>		3.2 NAME	
STREET ADDRESS <b>13754 DESERT LANE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST CLOUD FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME <b>WHIPPLE, CHARLES P</b>		4.2 NAME	
STREET ADDRESS <b>139 E SOUTH TEMPLE ST</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SALT LAKE CITY UT</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME <b>LAMOREAUX, ROBERT</b>		5.2 NAME	
STREET ADDRESS <b>139 E SOUTH TEMPLE ST</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>SALT LAKE CITY UT</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME <b>WILLIAMS, GREGORY L</b>		6.2 NAME	
STREET ADDRESS <b>712 S OREGON AVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		6.4 CITY-ST-ZIP	

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

SIGNATURE: Kent L. Cook, treasurer **4/24/96** **407/092-3672**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)