

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

**FILED**

**Feb 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 215376 (5)**

1. Corporation Name  
**C. FRED DEUEL & ASSOCIATES, INC.**



Principal Place of Business: **1620 FIRST AVENUE N. P O BOX 10116 ST PETERSBURG FL 33733**  
Mailing Address: **1620 FIRST AVENUE N. P O BOX 10116 ST PETERSBURG FL 33733-0116**

3. Date Incorporated or Qualified: **09/11/1958** 3a. Date of Last Report: **02/23/1996**  
4. FEI Number: **59-0639841** 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: **21** Suite, Apt. #, etc. **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**DEUEL, C FRED  
6901 28TH ST, S  
ST PETERSBURG FL 33712**

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 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

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | PD                            | <input type="checkbox"/> DELETE |
| NAME           | DEUEL, C FRED                 |                                 |
| STREET ADDRESS | 6901 28TH ST S                |                                 |
| CITY-ST-ZIP    | ST PETERSBURG, FL 00000 33712 |                                 |
| TITLE          | D                             | <input type="checkbox"/> DELETE |
| NAME           | DEUEL, MARY LOU               |                                 |
| STREET ADDRESS | 6901 28TH ST. SO.             |                                 |
| CITY-ST-ZIP    | ST PETERSBURG, FL 00000       |                                 |
| TITLE          | VST                           | <input type="checkbox"/> DELETE |
| NAME           | MOORE, CAROL L.               |                                 |
| STREET ADDRESS | 5254 23RD AVE., N.            |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL             |                                 |
| TITLE          | D                             | <input type="checkbox"/> DELETE |
| NAME           | MOORE, CAROL, L               |                                 |
| STREET ADDRESS | 5254 23RD AVE NORTH           |                                 |
| CITY-ST-ZIP    | ST PETERSBURG FL              |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 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 supplement 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: \_\_\_\_\_ Date: **2-24-97** Daytime Phone #: **813-822-4151**

CR2E034 (9/96)