

FILE NOW: FILING FEE AFTER **Amended**

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 NOV -9 PM 2: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **215370**

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

Principal Place of Business 1620 First Ave. No. P.O. Box 10116 St. Petersburg, FL 33733  
Mailing Address 1620 First Ave. No. P.O. Box 10116 St. Petersburg, FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/11/1958**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>59-0839841</b>	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
23	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
24	25	29	30	8. This corporation owes the current year Intangible Personal Property Tax.
				<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**DEUEL, C. Fred  
6901 28 St. So.  
St. Petersburg, FL 33712**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
	<b>FL</b>

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUEL, C. Fred	1.2 NAME	
STREET ADDRESS	6901 28 St. So.	1.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33712	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, Leslie	2.2 NAME	<b>300003051063</b>
STREET ADDRESS	546 Lake Maggiore Blvd So.	2.3 STREET ADDRESS	<b>-11/22/99--01095--006</b>
CITY-ST-ZIP	St. Petersburg, FL 33705	2.4 CITY-ST-ZIP	<b>*****70.00 *****70.00</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUEL, Mary Lou	3.2 NAME	
STREET ADDRESS	6901 28 St. So.	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33712	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, Carol L.	4.2 NAME	
STREET ADDRESS	5254 23 Ave. No.	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33710	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 checked="" 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)(l), 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: *Carol Moore* *Carol Moore, Secy - T&ES* **11-9-99** *787-822-4151*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)