

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

**APPROVED AND FILED**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

MAY - 1 PM 2: 24

DOCUMENT # **366667** (4)  
1. Corporation Name  
**DEVINES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **906 CURLEW ROAD DUNEDIN FL 34698**  
Mailing Address: **906 CURLEW ROAD DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/06/1970** 3b. Date of Last Report: **04/07/1994**

2. Principal Place of Incorporation: **21** 2a. Mailing Address: **26** 4. FEI Number: **59-1295025** 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 already filed information under the 1994 Florida Statutes:  Yes  No

8. 24 25 29 30

9. Name and Address of Current Registered Agent: **DEVINE, JOAN M 65 LEXINGTON DR DUNEDIN, FL 33528**  
10. Name and Address of New Registered Agent: **B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code**

11. Pursuant to the provisions of Sections 607.0500 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS              |                                                                  | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995                     |                                                                                        |
|-----------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 12.1 NAME: <b>D DEVINE, ROBERT E</b>    | 12.2 STREET ADDRESS: <b>27301 S.W. 164TH CT. HOMESTEAD FL</b>    | 13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | 13.2 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.1 NAME: <b>PD DEVINE, KATHLEEN A</b> | 12.2 STREET ADDRESS: <b>65 LEXINGTON DRIVE DUNEDIN, FL 00000</b> | 13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | 13.2 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.1 NAME: <b>VD DEVINE, MARY A.</b>    | 12.2 STREET ADDRESS: <b>65 LEXINGTON DRIVE DUNEDIN, FL 00000</b> | 13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | 13.2 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.1 NAME:                              | 12.2 STREET ADDRESS:                                             | 13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | 13.2 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.1 NAME:                              | 12.2 STREET ADDRESS:                                             | 13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | 13.2 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.1 NAME:                              | 12.2 STREET ADDRESS:                                             | 13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | 13.2 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.02(1)(b) Florida Statutes. I further certify that the information is indicated as the agent of report or suggestion for approval report in this filing and is complete 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 its agent. I further agree to execute this report as required by 139.02(1)(b) Florida Statutes, and that my name appears on the filing in Block 13 of the filing as an officer or director.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-30-95 813-733-3650