FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 571588   **(3)**

1. Corporation Name
DEVSON, INC.

Principal Place of Business

365 ALTAMONTE MALL
ALTAMONTE SPRINGS FL 32701

Mailing Address

365 ALTAMONTE MALL
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/10/1978

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**59-1826621**	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
BALANI, KISHORE B. 365 ALTAMONTE MALL ALTAMONTE SPRINGS FL 32701	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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **BALANI, KISHORE B.**	1.2 NAME	
STREET ADDRESS **365 ALTAMONTE MALL**	1.3 STREET ADDRESS	
CITY-ST-ZIP **ALTAMONTE SPRS. FL**	1.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **BALANI, VEENA K.**	2.2 NAME	
STREET ADDRESS **365 ALTAMONTE MALL**	2.3 STREET ADDRESS	
CITY-ST-ZIP **ALTAMONTE SPRS. FL**	2.4 CITY-ST-ZIP	
TITLE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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 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: _____ IRE R Kishore B. Balani   1/16/98 (407) 869-4442