

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9: 25

DOCUMENT # 588699 (9)

1. Corporation Name
DEER POINT, INC.

Principal Place of Business

4300 BAYOU BLVD. STE 21
PENSACOLA FL 32503

Mailing Address

4300 BAYOU BLVD. STE 21
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	2a. Mailing Address	10/06/1978		04/21/1994	
Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		59-1859519		Not Applicable	
City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24		25		26	
Country		27		28	
29		30		31	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

SHELL, THURSTON A.
226 S. PALAFOX ST 7TH FLR
PENSACOLA FL 32501

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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DATE	1.1 TITLE	DATE
NAME STREET ADDRESS CITY-ST-ZIP		1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD DENNISON, FAYETTE 1921 SEVILLE DR PENSACOLA, FL 00000		1.3 STREET ADDRESS	
TITLE		1.4 CITY-ST-ZIP	32503
NAME		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST DENNISON, JEWELL		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	32503
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(b), 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 in an Attachment with an address.

SIGNATURE:

Fayette Dennison

FAYETTE DENNISON, President 2/6/95 904-478-7466