

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT 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 JUL -3 AM 8:22

DOCUMENT # 601688 (5)

1. Corporation Name

DEVITT & THISTLE, P.A.

Principal Place of Business

Mailing Address

30 SE 4TH AVENUE
DELRAY BEACH FL 33483

30 SE 4TH AVENUE
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/18/1969**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 9. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

**DEVITT, FRED B
30 SE 4TH AVE
DELRAY BEACH, FL
33444**

4. Fed Number

3a. Date of Last Report

59-1276218

01/25/1994

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. The corporation has liability for intangible tax under s. 190.032, Florida Statutes

\$5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under s. 190.032, Florida Statutes

Yes

No

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

Signature of current registered agent or registered agent in lieu of registered agent

Signature of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PTD
DEVITT, FRED B JR
729 S. OCEAN BLVD.
DELRAY BCH, FL**

**SD
THISTLE, J. JEFFREY
303 GROVE WAY
DELRAY BEACH, FL 00000**

**D
DEVITT, FRED B III
435 NE 8TH AVE
DELRAY BEACH FL**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 119.07(3)(A), Florida Statutes. I further certify that the information furnished 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 a person or firm authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. Sign on an attached card with an address.

SIGNATURE

Fred B. Devitt

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/27/95 407-276-7436

CR2E034 (3/95)