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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 681461

(0)

1. Corporation Name
DEISON AND ASSOCIATES, INC.

Principal Place of Business
2032-D THOMASVILLE RD
PO BOX 13764 (32317)
TALLAHASSEE FL 32312
US

Mailing Address
P O BOX 13764
PO BOX 13764 (32317)
TALLAHASSEE FL 32317-3764
US

3. Date Incorporated or Qualified 08/07/1980
3a. Date of Last Report 04/24/1996

2. Principal Place of Business
21 3233 Thomasville Road

2a. Mailing Address

4. FEI Number
59-1628661

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Tallahassee, Florida

28

Zip Country
24 32312 25 Leon

Zip Country
29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, EDGAR M.
2032-D THOMASVILLE RD
TALLAHASSEE FL 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3233 Thomasville Road

83

84 City Tallahassee, FL 85 Zip Code 32312

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 SV
NAME MOORE, EDGAR M
STREET ADDRESS 2032-D THOMASVILLE RD
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

1.1 TITLE President/Director ☒ Change ☐ Addition
1.2 NAME Moore, Edgar M.
1.3 STREET ADDRESS 3233 Thomasville Road
1.4 CITY-ST-ZIP Tallahassee, FL 32312 ☐ Change ☐ Addition

TITLE PT
NAME DEISON, GLORIA
STREET ADDRESS 3725 BOBBIN MILL RD
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME BUFORD, A. L., JR.
STREET ADDRESS 217 JOHN KNOX RD
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE Secretary ☐ Change ☒ Addition
4.2 NAME Skelton, Benson L., Jr.
4.3 STREET ADDRESS 1320 Thomasville Road
4.4 CITY-ST-ZIP Tallahassee, FL 32312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Vice President/Ass't Secretary/Director
Campbell, Linda J.
3233 Thomasville Road

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Tallahassee, FL 32312 ☐ Change ☐ Addition

14. I do 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:

Edgar M. Moore, Pres.

2-18-97

904-386-1285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0049236

CR2E034 (9/96)