SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

14. I hereby certify that the information supplied with the indicated on this annual report or supplemental an officer or director of the conforation or the received.

an officer or director of the in Block 12 or Block 13 If

SIGNATURE:

FILED Aug 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION. Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (4) Corporation Name DEATON, INC. Principal Place of Business Malling Address 317 AVENUE, W. ENSLEY 317 AVENUE, W. ENSLEY P.O. BOX 938 P.O. BOX 938 BIRMINGHAM AL 35201 BIRMINGHAM AL 35201 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1972 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 63-0573817 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name US CORPORATION CO 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 85 Zip Code 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 little if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.11111.6 LEE, MITCHELL M 1.2 NAME NAME 317 AVENUE, W. ENSLEY 1,3 STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL** CITY-ST-ZIP 1.4 CITY-ST-ZIF **VPCF** TITLE DELETE 2.1 TITLE Change Addition CREWS, J L NAME 2.2 NAME 317 AVENUE W. ENSLEY 2.3 STREET ADDRESS STREET ADDRESS **BI**RMINGHAM AL 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE Change Addition WHITE, W 3 2 NAME 317 AVENUE, W. ENSLEY STREET ADDRESS 3.3 STREET ADDRESS **BIRMINGHAM AL 35201** 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition MOODY, J BARRY 4.2 NAME 317 AVENUE WEST ENSLEY STREET ADDRESS 4.3 STREET ADDRESS BIRMINGHAM AL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ___ Change ___ Addition Walker, Thomas e Jr NAME 5.2 NAME 4980 SPRING ROCK RD STREET ADDRESS 5.3 STREET ADDRESS **BIRMINGHAM AL** 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 6.4 CITY-ST-ZIP

is filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am yer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears