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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

857299

Country

9. Name and Address of Current Registered Agent

25

SUITE 302, NINE HUNDRED BLDG.

INGRAM, L. N., III

900 SIXTH AVE. SOUTH NAPLES FL 33940

WILLIAM S. DEVLIN INVESTMENTS LTD. CORPORATION

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

% LN. INGRAM. III STE 302, 900 BLDG., 900 SIXTH AVE. SOUTH NAPLES FL 33940

Mailing Address

2a. Mailing Address

City & State

27

28

29

Suite, Apt. #, etc.

% L.N. INGRAM, N

STE 302, 900 BLDG., 900 SIXTH AVE. SOUTH NAPLES FL 33940

FILED May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/03/1983 4. FEI Number Applied For 98-0107080 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

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

Country

81 Name

82

8.3 84 City

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		Registered Agent signature requ	
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITLE	. Change Addition
NAME	DEVLIN, WILLIAM S.		1.2 NAME	
STREET ADDRESS	406 LAKESHORE RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BEACONSFIELD QUEBEC CN		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	Change Addition
NAME	ARSENAULT, GREGORY J		2.2 NAME	
STREET ADDRESS	924 MCLEAN ST.		2 3 STREET ADDRESS	
CITY-ST-ZIP	HALIFAX, NS, CANADA		2.4 CITY - ST - ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HART, THOMAS E.		3.2 NAME	
STREET ADDRESS	6332 YORK ST.		3.3 STREET ADDRESS	
CITY - ST - ZIP	HALIFAX, NS, CANADA		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		☐ DELETÉ	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 TATLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

6.4 CITY-ST-ZIP 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 alternment with an orders.

Zip Code