02231999-90035-037-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 857299

1. Corporation Name

WILLIAM S. DEVLIN INVESTMENTS LTD. CORPORATION

Principal Place of Business	Mailing Address
% L.N. INGRAM, III STE 302, 900 BLDG., 900 SIXTH AVE. SOUTH NAPLES FL 33940	% L.N. INGRAM, III STE 302, 900 BLDG., 900 SIXTH AVE. SOUTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/03/1983		
4. FEI Number 98-0107080	Applied For	
	Not Applicable	
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required	
6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No		

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INGRAM, L. N., III SUITE 302, NINE HUNDRED BLDG. 900 SIXTH AVE. SOUTH NAPLES FL 33940	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 reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PST** NAME **DEVLIN, WILLIAM S.** STREET ADDRESS **406 LAKESHORE RD.** CITY-ST-ZIP **BEACONSFIELD QUEBEC CN**	☐ DELETE	1.1 TITLE DR. –PST 1.2 NAME DEVLIN, WILLIAM S. 1.3 STREET ADDRESS 406 Lakeshore Rd. 1.4 CITY-ST-ZIP Beaconfield, Quebec, CN	☐ Change ☒ Addition
TITLE ~~VP~~ NAME ~~ARSENAULT, GREGORY J~~ STREET ADDRESS ~~924 MCLEAN ST.~~ CITY-ST-ZIP ~~HALIFAX, NS, CANADA~~	☒ DELETE	2.1 TITLE ~~DR~~ 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE ~~VP~~ NAME **HART, THOMAS E.** STREET ADDRESS **6332 YORK ST.** CITY-ST-ZIP **HALIFAX, NS, CANADA**	☐ DELETE	3.1 TITLE DR 3.2 NAME HART, THOMAS E. 3.3 STREET ADDRESS 6332 York St. 3.4 CITY-ST-ZIP Halifax, NS, Canada	☒ Change ☐ Addition
TITLE DR NAME FRANK VAN PENNICK STREET ADDRESS 924 MCLEAN ST. CITY-ST-ZIP HALIFAX NS CANADA	☐ DELETE	4.1 TITLE DR 4.2 NAME FRANK VAN PENNICK 4.3 STREET ADDRESS 924 McLean St. 4.4 CITY-ST-ZIP Halifax, NS, Canada	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 attachment with an address, with all other title empowered.

SIGNATURE: _William Devlin_ · PRESIDENT January 5, 1999 941-262-4121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)