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Apr 14 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 # **G35788** (0)
1. Corporation Name
DEAVERS AND DEAVERS FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address
5052 N. TAMiami TRAIL
NAPLES FL 33940 **5052 N. TAMiami TRAIL**
NAPLES FL 34103-2801

3. Date Incorporated or Qualified **04/26/1983** 3a. Date of Last Report **04/24/1996**
4. FEI Number **59-2492590** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent
GROGAN, TOM
335 FIFTH AVENUE SOUTH
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name **Douglas J. Deavers**
82 Street Address (P.O. Box Number is Not Acceptable) **5052 N. TAMiami TR.**
83
84 City **NAPLES, FL. 34103** FL 85 Zip Code **34103-2801**

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 **Douglas J. Deavers** DATE **4-8-97**
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAVERS, GILBERT	12 NAME	
STREET ADDRESS	4085 N TAMiami TR #B105	13 STREET ADDRESS	5052 N. TAMiami TR.
CITY-ST-ZIP	NAPLES, FL 00000	14 CITY-ST-ZIP	NAPLES, FL. 34103
TITLE	P	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAVERS, DOUGLAS J.	22 NAME	
STREET ADDRESS	4085 N TAMiami TR #B105	23 STREET ADDRESS	5052 N. TAMiami TR.
CITY-ST-ZIP	NAPLES, FL 00000	24 CITY-ST-ZIP	NAPLES, FL. 34103
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: **Douglas J. Deavers** DATE **4/8/97** DAYTIME PHONE # **941 263 4104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)