

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G41530 (8)

1. Corporation Name
DEMETREE BROTHERS, INC.

Principal Place of Business
P.O. BOX 47050
JACKSONVILLE FL 32247-7050

Mailing Address
P.O. BOX 47050
JACKSONVILLE FL 32247-7050

FILED
95 FEB 17 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/31/1983	3a. Date of Last Report 05/25/1994
4. FEI Number 59-2308751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**DEMETREE, JACK C., JR.
3740 BEACH BLVD.
SUITE 300
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DEMETREE, MARK C
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	PSD
NAME	DEMETREE, J. C., JR.
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	CD
NAME	DEMETREE, JACK C.
STREET ADDRESS	3740 BEACH BLVD. #300
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	DEMETREE, CHRISTOPHER C.
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	SCHRAMM, FRED C., JR.
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	DUNN, M. HARRIS
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **2/14/95 904-398-2350**

DATE: _____ DAY: _____