

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

**FILED**

**Apr 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G41530 (8)**

1. Corporation Name  
**DEMETREE BROTHERS, INC.**



Principal Place of Business <b>P.O. BOX 47050 JACKSONVILLE FL 32247-7050</b>	Mailing Address <b>P.O. BOX 47050 JACKSONVILLE FL 32247-7050</b>
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3. Date Incorporated or Qualified <b>05/31/1983</b>	3a. Date of Last Report <b>03/11/1996</b>
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21. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip	24. Country	25. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	29. Country
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4. FEI Number <b>59-2308751</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEMETREE, MARK C</b>	
STREET ADDRESS	<b>3740 BEACH BLVD #300</b>	
CITY- ST- ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEMETREE, J. C., JR.</b>	
STREET ADDRESS	<b>3740 BEACH BLVD #300</b>	
CITY- ST- ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEMETREE, JACK C.</b>	
STREET ADDRESS	<b>3740 BEACH BLVD. #300</b>	
CITY- ST- ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEMETREE, CHRISTOPHER C.</b>	
STREET ADDRESS	<b>3740 BEACH BLVD #300</b>	
CITY- ST- ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHRAMM, FRED C., JR.</b>	
STREET ADDRESS	<b>3740 BEACH BLVD #300</b>	
CITY- ST- ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNN, M. HARRIS</b>	
STREET ADDRESS	<b>3740 BEACH BLVD #300</b>	
CITY- ST- ZIP	<b>JACKSONVILLE FL</b>	

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 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: *[Signature]* **4/14/97** **904-398-7350**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)