

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90001 044 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G41530**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/31/1983**

4. FEI Number: **59-2308751** 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.  Yes  No

2. Principal Place of Business: 21 [ ] Suite, Apt. #, etc. 22 [ ] City & State 23 [ ] Zip 24 [ ] Country

2a. Mailing Address: 26 [ ] Suite, Apt. #, etc. 27 [ ] City & State 28 [ ] Zip 29 [ ] Country

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

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEMETREE, MARK C	
STREET ADDRESS	3740 BEACH BLVD #300	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	DEMETREE, J. C., JR.	
STREET ADDRESS	3740 BEACH BLVD #300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DEMETREE, JACK C.	
STREET ADDRESS	3740 BEACH BLVD. #300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEMETREE, CHRISTOPHER C.	
STREET ADDRESS	3740 BEACH BLVD #300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHRAMM, FRED C., JR.	
STREET ADDRESS	3740 BEACH BLVD #300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Harris* DATE: **8/10/99** TIME: **(904) 398-7350**

CR2E034 (5/99)



4153D  
605861-90001-44

August 10, 1999

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Demetree Brothers, Inc.

Ladies and Gentlemen:

This year, we did not receive the First Notice 1999 Corporation Annual Report this year that we usually receive in February. Please find enclosed the second notice we have completed along with a check for amount due for filing timely. We ask that the late fee be waived.

Thank you for your assistance.

Sincerely,

M. Harris Dunn  
Vice President

Enclosures (2)