FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

DOCUMENT # **G96156** **(6)**

1. Corporation Name

DEBLIN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
480 1/2 BLACKBURN POINT ROAD ~~3400 S. TAMIAMI TRAIL, SUITE 202~~ OSPREY FL 34229 US	C/O JEFFERSON, F. RIDDELL 3400 S. TAMIAMI TRAIL, SUITE 202 SARASOTA FL 34239 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1984	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2401103	☐ 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. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

RIDDELL, JEFFERSON F
3400 S. TAMIAMI TRAIL
SUITE 202
SARASOTA FL 34239

10. Name and Address of New Registered Agent

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(S) _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS in 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	TOWERS, HERBERT G	NAME	
STREET ADDRESS	480 1/2 BLACKBURN PT RD	STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	CITY-ST-ZIP	
TITLE	VSD	TITLE	☐ Change ☐ Addition
NAME	TOWERS, LINDA C	NAME	
STREET ADDRESS	480 1/2 BLACKBURN PT RD	STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	CITY-ST-ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	TOWERS, DEBORAH G	NAME	
STREET ADDRESS	11A SUNKEN MEADOW ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORT PORT NY	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	TOWERS, WILLIAM G	NAME	
STREET ADDRESS	480 1/2 BLACKBURN PT RD	STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I declare, I certify that the information supplied with this filing is voluntarily furnished and 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 1 or Block 11 if changed, or added, attached with an addition.

SIGNATURE: _____ 4-15-95 813 966-5657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0344324 CP