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
95 FEB 13 PM 5:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **J89388** **(9)**

1. Corporation Name
DESMARAIS FAMILY CORPORATION OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 1909 ANNNA MARIA FL 34216	P.O. BOX 1909 ANNNA MARIA FL 34216

3. Date Incorporated or Qualified: **06/26/1987**
3a. Date of Last Report: **01/24/1994**

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **59-2840095** ☐ 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

9. Name and Address of Current Registered Agent

JOHN D. PETTIGREW
324 8TH AV WEST, SUITE 103
PALMETTO FL 34221

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	DESMARAIS, WALTER A	12 NAME		
STREET ADDRESS	531 75TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL	14 CITY-ST-ZIP		
TITLE	VST	21 TITLE		☐ Change ☐ Addition
NAME	DESMARAIS, GWEN M.	22 NAME		
STREET ADDRESS	531 75TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	PITMAN, KATHERINE	32 NAME	Pitman, Katherine	
STREET ADDRESS	R.F.D. #11, BOX 178	33 STREET ADDRESS	173 Lovejoy Road	
CITY-ST-ZIP	CONCORD NH	34 CITY-ST-ZIP	Loudon, N. H. 03301	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	TEST, JANET DESMARAIS	42 NAME		
STREET ADDRESS	877 NORTH SHORE DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	ANNA MARIA FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

95
2/18/95

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)(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: Gwen Desmarais VST 1/27/95 813-778-5842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gwen Desmarais

0944007 FP