

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

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AND
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95 MAY -1 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J95222 (2)
1. Corporation Name:
DEGETTE AFFILIATES, INC.

Principal Place of Business: **STATE ROAD 80 EAST LABELLE FL 33935 US**
Mailing Address: **P.O. BOX 1525 LABELLE FL 33935 US**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 09/27/1987		3a. Date of Last Report: 05/01/1994	
4. FEI Number: 65-0005206		Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	
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: 21				2a. Mailing Address: 26				5. Certificate of Status Desired: <input type="checkbox"/>			
State: Apt # etc: 22				State: Apt # etc: 27				6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>			
City & State: 23				City & State: 28				8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Zip: 24		Country: 25		Zip: 29		Country: 30					

9. Name and Address of Current Registered Agent: DEGETTE, NELDA J STATE RD 80 E LABELLE FL 33935				10. Name and Address of New Registered Agent:			
B1 Name:				B2 Street Address (P.O. Box Number is Not Acceptable):			
B3				B4 City:			
				FL		B5 Zip Code:	

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the undersigned (s) hereby certifies (certify) this statement for the purpose of filing it, requested (files) or requests (request) for 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 (attach with and) accept the obligations of Section 607.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	DP NAME: DEGETTE, RICHARD L. STATE RD 80 E LABELLE FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DS NAME: DEGETTE, NELDA J. STATE RD 80 E LABELLE FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 199.03(1)(b), Florida Statutes. I further certify that the information included 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 in the state. That I am an officer or director of the corporation or the receiver or trustee empowered to make up this report as required by Chapter 407, Florida Statutes, and that my name appears on Block 5, or Block 1, if changed, or on an attachment with an address.

SIGNATURE: *Nelda J. DeGette*
NELODA J. DEGETTE
4/15/95
813-634-0255