

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

**PROFIT CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra E. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K41753

(0)

1. Corporation Name
D.E.R. INC.



Principal Place of Business
**12260 GARDENIA STREET
BONITA SPRINGS FL 33923**

Mailing Address
**12260 GARDENIA STREET
BONITA SPRINGS FL 33923**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**REED, DAVID
12260 GARDENIA DR
BONITA SPRINGS FL 33923**

3. Date Incorporated or Qualified
10/27/1988

3a. Date of Last Report
04/28/1995

4. FEI Number
65-0106152

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

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 607.1408, 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. Said 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 612.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President or Director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PD
REED, DAVID
12260 GARDENIA DR
BONITA SPRINGS FL
SD**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**REED, EVELYN
12260 GARDENIA DR
BONITA SPRINGS FL**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing voluntarily by the corporation and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the registered business 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:

David Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓

4-15-95

(941)947-3758

CR2E034 (12/95)