FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 07 1997 8:00am

Secretary of State

A CRAFACILI CIÀ CICIL LEGGIA PAGIA MACCO CICIL CACLE CIARLA CICIL CACLI CACLI CACLI CACLI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K67073

SIGNATURE: Edward F. Devoe

(2)

DEVOE AND SONS, INC.

SEUMAND F, DEVOICE SEDWARD F, DEVOICE 4728 TABBAY AVE TAMPA FL 338(1) TAMP									
### 1724 TAMBAY AVE TAMPA R. \$3811 ### 1724 TAMBAY AVE TAMPA R. \$3811 ### 1724 R. \$3812 R. \$3812 R. \$4812 R. \$4	Principal Place of Business Mailing Address					T INDICATES DIE DISSE SABIL CONTE SABIL CONTESTE SABIL BEGIN BICHT			
TAMPA FL 33811 TAMPA FL 33811 TAMPA FL 33811-1100 3. Date incorporated or Qualifled Q2/10/1898 3. Date incorporated or Q2/10/1898 3	% EDWARD F.	DEVOE	% EDWARD F. DEVOE	OWARD F. DEVOE					
2. Principal Face of Business. 2. Principal Face of Business. 3. As Mailing Address 2. Principal Face of Business. 3. As Mailing Address 3. Electropy (1988) 3. As FEI humber									
Prince hall Faces of Business 2a. Melling Address 4. FEB Jumbles 4	TAMPA FL 3361	11	TAMPA FL 33611-1110			9 Date Incorporated or Qualified	On Data of Last (Danad	
2. Prince part Piece of Ruseness 2. Making Address 4. FEL Number Applied For Not Applicated								периц	
Subo. Apt #, etc. Subo. Apt #, etc. Subo.	2. Principal Pi	lace of Business	2a. Mailing Address					pplied For	
City & State Ci	21		26	26		65-0097905	Not Applicable		
City & State Carly & Carly & State Carly	Suite, Apt.	#, etc.	Suite, Apt #, etc.			6 Certificate of Status Desired			
20 20 20 20 20 20 20 20	22		···· · · · · · · · · · · · · · · ·	····			Fee R	'	
Sect Abores Park		0	├ -			, , ,			
POVDE, EDWARD F. 4724 TAMBAY AVE. TAMPA FL 33811 10. Name and Address of New Registered Agent POVDE, EDWARD F. 4724 TAMBAY AVE. TAMPA FL 33811 11. Pursuant to the provisions of Sections 607 0502 and 607 1500, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered office on registered agent or both, in the State of Florida, Such changing was authorized by the corporation's board of directors. I hereby accept the exporiment as registered office on registered agent or both, in the State of Florida, Such changing was authorized by the corporation's board of directors. I hereby accept the exporiment as registered office on registered agent or both, in the State of Florida, Such changing was authorized by the corporation's board of directors. I hereby accept the expositionent as registered office on registered agent and accept the oringations of, Section 807 (505, Forida Statutes). 12. DOTTICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TIME DEVOE, EDWARD F. 15.		Country	·	Countr					
DEVOE, EDWARD F. 4724 TAMBAY AVE. TAMPA FL 33811 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		— ·	<u></u>	********	y			s. 199.032,	
TAMPA FL 33811 82 Street Address (P.O. Box Number is Not Acceptable) 83 44 City FL 85 Zep 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				_1301 <u></u>	:			•	
### Addition Street Address (P.O. Box Number is Not Acceptable) ### City	DEV	OE. EDWARD F.		81	Name		F	***************************************	
TAMPA FL 33611 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Societies 697.0562 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agend. I am descript the obligations of, Section 607.0505, Florida Statutes. Statutes are discovered agend and are already with an advance of the purpose of changing its registered of control statutes. Statutes are discovered agend and advanced of directors. I hereby accept the appointment as registered of control statutes and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. DEFICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. TIME DEVOE, EDWARD F. 15. TIME DEVOE, EDWARD F. 15. TIME DEVOE, EDWARD F. 15. TIME DEVOE, BARBARA A. 22. NAME 22. NAME 23. STREET ADDRESS CITY-51-7P TIME DELETE 31. TIME DELETE 31. TIME Change Addition Change Addition NAME SPECI ADDRESS CITY-51-7P TIME DELETE 31. TIME Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change		•			Street Add	trace (P.O. Roy Number is Not Assentable	la)		
Bas				. 02	Sileel Add	iless (F.O. Box Noribel is Not Acceptable	e)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purcose of changing its registered algorith 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 furnish with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUHE 12.				83		WHAT HE STATE OF THE STATE OF T			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purcose of changing its registered algorith 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 furnish with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUHE 12.				84	City		es 7in	Codo	
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 lam framew with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				07	City		FL S	Cope	
SIGNATURE Proposed Agent Expendence of the obligations of, Section 607,0505, Florida Statutes. Proposed Agent Expendence of the proposed a legent and local applicable. PROTE Proposed Agent applicable when reliabilishing. DATE	11. Pursoant (to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above	re-named cor	poration submits this statement for the pr	urpose of changing	its registered	
Street Appends by precise promotione of trapschall pagestates NOTE Represent Agent digenous required when remaintancy DATE	agent. Lai	egistered agent or both, in the sia m familiar with, and accept the ob	ligations of, Section 607.0505, F	laumonzeo d lorida Statute	iy ine corpora is.	ation's board of directors, I hereby accep	t the appointment as	s registered	
Street Appends by precise promotione of trapschall pagestates NOTE Represent Agent digenous required when remaintancy DATE	SIGNATURE								
DEVOIE, EDWARD F. DELETE CTITILE Change Addition		1 1 - P			jent signature requ				
NAME SIREFLADORSS SIREFLADORSS STAMPA FL 1.2 NAME 1.2 STREET ADORSS 1.4 CITY-ST-2P DEVOE, BARBARA A. 2.2 NAME DEVOE, BARBARA A. 2.2 NAME DEVOE, BARBARA A. 2.2 NAME 2.2 NAME 2.2 NAME 2.3 STREET ADORSS TAMPA FL 2.4 CITY-ST-2P TITLE DELETE 3.1 TITLE DELETE 3.3 STREET ADORSS CITY-ST-2P TITLE DELETE 3.3 STREET ADORSS CITY-ST-2P TITLE DELETE 4.1 TITLE DELETE 4.2 TITLE DELETE 4.2 STREET ADORSS CITY-ST-2P TITLE DELETE 4.3 STREET ADORSS CITY-ST-2P 4.4 CITY-ST-2P 4.5 STREET ADORSS CITY-ST-2P 4.5 STREET ADORSS CITY-ST-2P 4.5 STREET ADORSS CITY-ST-2P 4.6 CITY-ST-2P TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADORSS CITY-ST-2P 4.4 CITY-ST-2P TITLE DELETE 5.3 STREET ADORSS CITY-ST-2P 5.4 CITY-ST-2P 5.5 STREET ADORSS CITY-ST-2P 5.6 CITY-ST-2P TITLE DELETE 6.1 TITLE Change Addition	· 		· · · · · · · · · · · · · · · · · · ·		······	ADDITIONS/CHANGES TO OFFICE			
1.5 STREET ADDRESS 1.6 CITY-S1-ZIP	1						Ciange	TT Voquitori	
TAMPA FL TITLE DST DEVOE, BARBARA A. 22 NAME SPREET ADDRESS TAMPA FL DELETE 23 TITLE 22 NAME 23 STREET ADDRESS TAMPA FL DELETE 33 TITLE Change Addition AMME ADDELETE AT TITLE ADDRESS CITY-ST-ZIP DELETE AT TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP DELETE AT TITLE ADDRESS	1								
DST									
NAME STREET ADDRESS TAMPA FL 2 STREET ADDRESS TAMPA FL 2 CITY-ST-ZIP TITLE DELETE 33 TITLE 33 STREET ADDRESS CITY-ST-ZIP TITLE 33 STREET ADDRESS CITY-ST-ZIP TITLE 33 STREET ADDRESS CITY-ST-ZIP TITLE 34 CITY-ST-ZIP TITLE 42 NAME 42 NAME 42 NAME 42 NAME 44 CITY-ST-ZIP TITLE 44 CITY-ST-ZIP TITLE 53 STREET ADDRESS CITY-ST-ZIP TITLE 54 CITY-ST-ZIP TITLE 55 SAME 56 STREET ADDRESS CITY-ST-ZIP TITLE 57 NAME 58 STREET ADDRESS CITY-ST-ZIP TITLE 59 STREET ADDRESS CITY-ST-ZIP TITLE TI			DELETE		S1-ZIP		Channe	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.2 MAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP Addition NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP			Record Company	1				roomen	
TAMPA FL 2 4 CITY-S1-ZIP TITLE DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS CITY-S1-ZIP AL CITY-S1-ZIP DELETE 4.1 TITLE Change Addition NAME SPECI ADDRESS CITY-S1-ZIP Addition NAME SPECI ADDRESS CITY-S1-ZIP TITLE DELETE AL CITY-S1-ZIP TITLE Change Addition Addition Addition NAME SPECI ADDRESS CITY-S1-ZIP TITLE DELETE S1 TITLE Change Addition Addition NAME S2 NAME S3 STREET ADDRESS S3 STREET ADDRESS S4 CITY-S1-ZIP DELETE S1 TITLE Change Addition Addition NAME S2 NAME S3 STREET ADDRESS CITY-S1-ZIP Addition NAME S1 S1 STREET ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP TAMPA FL Change Addition Addition Addition Addition S4 CITY-S1-ZIP Addition S4 CITY-S1-ZIP Addition S4 CITY-S1-ZIP Addition Addition S4 CITY-S1-ZIP TAMPA FL Addition Additi	ļ			1	T ADDRESS				
TITLE DELETE 33 TITLE Change Addition NAME STREET ADDRESS CITY-S1-ZIP TITLE JELETE ATTITLE CHANGE Addition NAME STREET ADDRESS CITY-S1-ZIP TITLE JELETE ATTITLE CHANGE Addition NAME STREET ADDRESS CITY-S1-ZIP THE DELETE STITLE CHANGE STREET ADDRESS CITY-S1-ZIP THE STREET ADDRESS						*			
STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A4 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE AADDRESS CITY-ST-ZIP TITLE AADDRESS CITY-ST-ZIP AADDRESS			☐ DELETE		<u> </u>		Change	Addition	
CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE AMME STREET ADDRESS CTY-ST-ZIP TITLE AMME 6.3 STREET ADDRESS CTY-ST-ZIP 4.4 CITY-ST-ZIP TITLE AMME 6.3 STREET ADDRESS CTY-ST-ZIP 4.4 CITY-ST-ZIP Addition AMME STREET ADDRESS CTY-ST-ZIP 4.5 CITY-ST-ZIP Addition AMME 6.3 STREET ADDRESS CTY-ST-ZIP 1.4 Light information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that	NAME			3.2 NAME					
TILLE NAME NAME A 2 NAME 4 3 STREET ADDRESS CITY - ST - ZIP 4 CITY - ST - ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE Change Addition STREET ADDRESS CITY - ST - ZIP TITLE DELETE 51 TITLE 52 NAME 52 NAME 52 NAME 53 STREET ADDRESS 61 STREET ADDRESS 61 STREET ADDRESS 63 STREET ADDRESS 64 CITY - ST - ZIP TITLE CHANGE 62 NAME 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP 41 I do hereby certify that the information supplied with this filing 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: tha	STREET ADDRESS			3 3 STREE	T ADDRESS				
NAME STREET ADDRESS CITY ST-ZIP A4 CITY-ST-ZIP TITLE DELETE S1 TITLE S1 TITLE Change Addition NAME STREET ADDRESS CITY S1-ZIP TITLE DELETE S1 TITLE S1 STREET ADDRESS CITY S1-ZIP TITLE DELETE S1 TITLE S1 STREET ADDRESS CITY S1-ZIP TITLE S1 TITL	CITY-ST-ZIP		**************************************	3 4. CITY-	ST-ZIP				
STREET ADDRESS CITY - ST- ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY - ST- ZIP TITLE 5.2 NAME STREET ADDRESS CITY - ST- ZIP TITLE DELETE 5.3 STREET ADDRESS CITY - ST- ZIP TITLE AMME STREET ADDRESS CITY - ST- ZIP TITLE AMME STREET ADDRESS CITY - ST- ZIP TITLE AMME STREET ADDRESS CITY - ST- ZIP Addition AMME STREET ADDRESS CITY - ST- ZIP 4.4 CITY - ST- ZIP Addition ADDRESS CITY - ST- ZIP 4.5 CA CITY - ST- ZIP 4.6 CITY - ST- ZIP 4.1 I do hereby certify that the information supplied with this filing 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 my signature shall have the same legal effect as if made under oath: that	TITLE		DELETE	4.1 TITLE			Change	Addition	
CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 TITLE Change Addition Addition Addition NAME 6.2 NAME 6.3 STREET ADDRESS C-TY-ST-ZIP 1.1 do hereby certify that the information supplied with this filing 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	NAME			4. 2 NAME	:				
TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY - ST - 7IP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS CITY - ST - 7IP TITLE Change Addition Addition NAME STREET ADDRESS C-TY - ST - 7IP 4. I do hereby certify that the information supplied with this filing 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	STREET ADDRESS			4.3 STREE	T ADDRESS				
NAME STREET ADDRESS CITY - ST - 7IP S4 CITY - ST - 7IP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS C-TY - ST - 7IP 4. I do hereby certify that the information supplied with this filing 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	CITY - ST - ZIP		1 Dones		ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TIFLE DELETE 6.1 TIFLE 6.2 NAME STREET ADDRESS C-TY-ST-ZIP 14. I do hereby certify that the information supplied with this filing 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			[DETEIF				L.J Change	Addition	
CHY-SI-7IP TITLE DELETE 5.1 TITLE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CTY-SI-7IP 14. I do hereby certify that the information supplied with this filing 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									
TITLE NAME STREET ADDRESS CTY-SI-ZIP 14. I do hereby certify that the information supplied with this filing 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 path; that	-				· .				
NAME STREET ADDRESS C-TY-SI-ZIP 6.3 STREET ADDRESS 6.4 CITY-SI-ZIP 6.4 CITY-SI-ZIP 14. I do hereby certify that the information supplied with this filing 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 path; that		The second of th	LIDEFELE		SI-ZIP		Change	Addition	
STREET ADDRESS C-TY-ST-ZP 6.4 CITY-ST-ZP 6.4 CITY-ST-ZP 14. I do hereby certify that the information supplied with this filing 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 path; that	i		F") DEFET				Change	- Auditori	
C/IV-SI-7/P 14. I do hereby certify that the information supplied with this filing 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 path; that	İ				T AUDDECC				
14. I do hereby certify that the information supplied with this filing 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 path; that									
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 path; that	14. I do heret	by certify that the information supp	lied with this filing does not qua	lify for the ex	emption state	d in Section 119,07(3)(i). Florida Statutes	. I further certify that	t the	
Lam an object of Greeder Diffie Corporation of the receiver of trustee empowered to events this renor as required by Chanter FAZ. Florida Statistics and that my name	informatio	n indicated on this annual report o	r supplemental annual report is	true and acc	urate and tha	It my signature shall have the same legal	effect as if made un	nder oath: that	