

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

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(6)

**COUNTY OF STATE
PALM BEACH, FLORIDA**

DEEP CREEK ASSOCIATES, INC.

**% JAY CARLSON
1601 W. MARION AVE., SUITE 203
PUNTA GORDA FL 33950**

**% JAY CARLSON
1601 W. MARION AVE., SUITE 203
PUNTA GORDA FL 33950**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Organization	3a. Date of Last Report
04/27/1989	04/13/1994
4. FEIN Number	Applied For Not Applicable
58-1847248	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. The corporation has liability for intangible tax under S. 196(1)(3) Florida Statutes	☐ Yes ☒ No

2. Authorized Officer or Director	2a. Member A. Name
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

**JAKUBIK, CHESTER
1375 SAXONY CIRCLE
DEEP CREEK FL 33983**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.05(1) and 607.15(5), Florida Statutes, the above named corporation submits the 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 607.05(1), Florida Statutes.

SIGNATURE

(Signature of Officer or Director of Corporation)

(Signature of Registered Agent or Representative of Agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DP WLODARCZYK, JERRY 125 E PROSPECT ST HAWTHORNE NJ	NAME	☐ Change ☐ Addition
ADDRESS	DV JAKUBIK, CHESTER 52 PLEASANT AVE MAYWOOD NJ	ADDRESS	☐ Change ☐ Addition
NAME	DST VERNER, JULES 140 MT. VIEW DR CLIFTON NJ	NAME	☐ Change ☐ Addition
ADDRESS		ADDRESS	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
ADDRESS		ADDRESS	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
ADDRESS		ADDRESS	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
ADDRESS		ADDRESS	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this block is voluntarily furnished and that it is true and correct for the purposes stated in Sections 607.05(1) and 607.15(5), Florida Statutes. I further certify that the information was filed on this document as required by law and that my signature shall have the same legal effect as if made under oath. That the corporation is a corporation of the State of Florida, incorporated under the laws of the State of Florida, and that my name appears in Block 12 of this document as an officer or director of the corporation.

SIGNATURE:

[Signature]
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY WLODARCZYK 5-3-95 813/637-1244