

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

CORPORATION  
ANNUAL REPORT

1994-1995



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1995 MAY -1 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DO NOT WRITE IN THIS SPACE

1. Corporation Name <b>DEMETREE DEAN ROAD, INC.</b>	DOCUMENT # <b>L52794 (9)</b>
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Mailing Address <b>C/O WILLIAM C. DEMETREE 3348 EDGEWATER DR. ORLANDO FL 32804</b>	Principal Place of Business <b>C/O WILLIAM C. DEMETREE 3348 EDGEWATER DR. ORLANDO FL 32804</b>
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If above addresses are incorrect in any way, list through e-mail information and enter correction below

2. Mailing Address 21	2a. Principal Place of Business 26	4. FEI Number <b>50-2882464</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <b>\$8.75</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
City & State 23	City & State 28	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**B. Name and Address of Current Registered Agent**

**DEMETREE, MARY L.  
3348 EDGEWATER DR.  
ORLANDO FL 32804**

**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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <b>D</b>	12 NAME <b>DEMETREE, WILLIAM C.</b>	11 TITLE	<b>488881474364</b>
13 STREET ADDRESS <b>3348 EDGEWATER DR.</b>	14 CITY ST ZIP <b>ORLANDO FL</b>	12 NAME	<b>-05/03/95--01170--006</b>
21 TITLE	22 NAME <b>Mary L. Demetree P/D</b>	13 STREET ADDRESS	<b>***200.00 ***200.00</b>
23 STREET ADDRESS <b>3348 Edgewater Drive</b>	24 CITY ST ZIP <b>Orlando, FL 32804</b>	14 CITY ST ZIP	
31 TITLE	32 NAME	21 TITLE	
33 STREET ADDRESS	34 CITY ST ZIP	22 NAME	
41 TITLE	42 NAME	23 STREET ADDRESS	
43 STREET ADDRESS	44 CITY ST ZIP	24 CITY ST ZIP	
51 TITLE	52 NAME	31 TITLE	
53 STREET ADDRESS	54 CITY ST ZIP	32 NAME	
61 TITLE	62 NAME	33 STREET ADDRESS	
63 STREET ADDRESS	64 CITY ST ZIP	34 CITY ST ZIP	
65	66	41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY ST ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY ST ZIP	
		61 TITLE	
		62 NAME	<b>SA</b>
		63 STREET ADDRESS	
		64 CITY ST ZIP	<b>5-1</b>

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to create this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary L. Demetree*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95