

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L84572** (1)
1. Corporation Name
DEVOS ENTERPRISES, INC.



Principal Place of Business 410 SE WALTERS TER PORT ST. LUCIE FL 34983 US	Mailing Address 410 SE WALTERS TER PORT ST. LUCIE FL 34983 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/02/1990	4. FEI Number 59-3026958	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		6. Election Campaign Financing Trust Fund Contribution ☐		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DEVOS, KEVIN J. 10217 SE LENNARD RD. 10219 SE LENNARD RD PORT ST. LUCIE FL 34952				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	
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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 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, Florida Statutes.

SIGNATURE *Kevin Devos* **KEVIN DEVOS** **PRESIDENT** **4/27/98**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	DEVOS, KEVIN J.		1.2 NAME				
STREET ADDRESS	410 SE WALTERS TER		1.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP				
TITLE	DVT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	DEVOS, DEANNA L.		2.2 NAME				
STREET ADDRESS	410 SE WALTERS TER		2.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE *Deanna Devos* **DEANNA DEVOS** **4/28/98** **561-878-9766**

CR2E034 (10/97)