

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 10:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M65663

(0)

1. Corporation Name

DETROIT ENTERPRISES, INC.

Principal Place of Business

**215 CENTRAL AVENUE
ST. PETERSBURG FL 33701-3314**

Mailing Address

**215 CENTRAL AVENUE
ST. PETERSBURG FL 33701-3314**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/25/1988

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2839392

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**

6. This corporation has liability for intangible tax under S. 198.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Central Avenue

2a. Mailing Address

21 Central Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**BARNES, ROBERT
232 SECOND STREET NORTH
ST. PETERSBURG FL 33733**

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, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARNES, ROBERT
STREET ADDRESS	831 NEBRASKA AVE. NE
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	VP
NAME	PENDERGAST, WILLIAM
STREET ADDRESS	6330-18TH STREET
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	ST
NAME	BRYANT, EUGENE
STREET ADDRESS	333-300 AVENUE NORTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1831 NEBRASKA AVENUE NE
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1600 NORTHSORE DRIVE NE
2.4 CITY - ST - ZIP	ST PETERSBURG FL 33704
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	300 33 AVENUE N
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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; 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 if changed, or on an attachment with an address.

SIGNATURE:

William L. Pendergast **William L. Pendergast** **4/19/95** **813-823-3839**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone