

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M65663

(0)

1. Corporation Name

DETROIT ENTERPRISES, INC.



Principal Place of Business

205 CENTRAL AVENUE
ST. PETERSBURG FL 33701-3314
US

Mailing Address

205 CENTRAL AVENUE
ST. PETERSBURG FL 33701-3314
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

01/25/1988

3a. Date of Last Report

04/26/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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 for printed name of registered agent in Block 12, page 24.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
BARNES, ROBERT
STREET ADDRESS
1831 NEBRASKA AVENUE NE
CITY, ST, ZIP
ST. PETERSBURG FL

1.2 TITLE ☐ DELETE

NAME
VP
PENDERGAST, WILLIAM
STREET ADDRESS
1600 NORTSHORE DRIVE NE
CITY, ST, ZIP
ST. PETERSBURG FL

1.3 TITLE ☐ DELETE

NAME
ST
BRYANT, EUGENE
STREET ADDRESS
300 33 AVENUE N
CITY, ST, ZIP
ST. PETERSBURG FL

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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

1417 BEACH DRIVE NE
ST PETERSBURG FL 33704

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)(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:

Eugene Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

(813) 821-7466

Date

Daytime Phone #

CR2E034 (12/95)