

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

**FILED**

**Feb 04 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # M80321 (6)**

1. Corporation Name  
**DEVCON CROWN BAY CORP.**

Principal Place of Business  
**1350 E. NEWPORT CENTER DRIVE  
SUITE 201  
DEERFIELD BEACH FL 33442-7712**

Mailing Address  
**1350 E. NEWPORT CENTER DRIVE  
SUITE 201  
DEERFIELD BEACH FL 33442-7779**



3. Date Incorporated or Qualified **05/11/1988** 3a. Date of Last Report **02/19/1996**

4. FEI Number **65-0058666** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZIROLLA, BEVERLY  
1350 E. NEWPORT CENTER DRIVE  
SUITE 201  
DEERFIELD BEACH FL 33443**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **SMITH, DONALD L., JR.**  
STREET ADDRESS **1350 E NEWPORT CENTER DR**  
CITY - ST - ZIP **DEERFIELD BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **PD** ☐ DELETE  
NAME **HORNSBY, RICHARD L.**  
STREET ADDRESS **1350 E NEWPORT CENTER DR**  
CITY - ST - ZIP **DEERFIELD BEACH FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **VDT** ☐ DELETE  
NAME **BARRETT, WALTER B.**  
STREET ADDRESS **1350 E NEWPORT CENTER DR**  
CITY - ST - ZIP **DEERFIELD BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **S** ☐ DELETE  
NAME **ZIROLLA, BEVERLY E.**  
STREET ADDRESS **1350 E NEWPORT CENTER DR**  
CITY - ST - ZIP **DEERFIELD BEACH FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **V** ☐ DELETE  
NAME **MOOREHEAD, RONALD**  
STREET ADDRESS **1350 E NEWPORT CENTER DR**  
CITY - ST - ZIP **DEERFIELD BEACH FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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 if changed or on an attachment with an address.

SIGNATURE: **Walter B. Barrett** 1/21/97 (954) 429-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)