**DOCUMENT #** 1. Entity Name

DESTY, INC.

M94893

Principal Place of Business

3595 GORDON DRIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

3595 GORDON DRIVE

**FILED** Jan 16, 2002 8:00 am Secretary of State

01-16-2002 90199 014 \*\*\*150.00

NAPLES FL 3	4102	NAPLES FL 34102		
US		US		
2. Principal Place of Business		3. Mailing Address		T SO DESPIT SED TO TOTAL BELOW TO THE CONTROL THAT DESPIT OF ON A SEDIT OF SHE OF SERVICE OF SETTING SERVICES OF SETTING SETTING SERVICES OF SETTING SETTING SERVICES OF SETTING SETTING SERVICES OF SETTING SERVICES OF SETTING SERVICES OF SETTING SERVICES OF SETTING S
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DÓ NOT WRITE IN THIS SPACE
City & State		City & State 4.		4. FEI Number 65-0065005 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	_ <del></del>	7. Name and Address of New Registered Agent
	-		Name	
	AN S ESQ		Street Addres	ss (P.O. Box Number is Not Acceptable)
1167 THIF NAPLES F	rd Street South Fl 34102			
			City	FL Zip Code
P. The above	named antity submits this statement for th	o purpose of changing its	ragistored office or regio	istered agent, or both, in the State of Florida.
SIGNATURE _	Signature, typed or printed name of registered agent and	T	: Registered Agent signature requi	julred when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		After May 1, 200	!! FEE IS \$150.00 02 Fee will be \$550.00 le to Department of S	t Hust Fund Conidonion. Li Added to Fees
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yawney, Edward T. 3595 Gordon dr Naples Fl	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAWNEY, SUSAN O. 3595 GORDON DR NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DYAWNEY, J. DEVON 3595 GORDON DR NAPLES FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAWNEY, P. TAYLOR 3595 GORDON DR NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Editor FILLIPET SEQUEDENAND