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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P92000011536 (9)

DEATON ENTERPRISES, INC.

Principal Prace of Business

Mailing Address

## FILED May 05 1997 8:00am Secretary of State



| 4325 SHERBORNE RD<br>TALLAHASSEE FL 32303  |   | 4325 SHERBORNE RD<br>TALLAHASSEE FL 32303-7607                    |   |  |   |   |  |                    |                          |
|--|---|---|---|--|---|---|--|--------------------|--------------------------|
|  |   |   |   |  |   | 3. Date Incorporated or Qualified 12/14/1992  |  | e of Les<br>01/198 | st Report<br><b>96</b>   |
| 2. Principal F   | Place of Business   | 2a. Mailing Address   |   |  |   | 4. FE! Number   |  |                    | Applied For              |
| 21   |   | 26  |   |  |   | 59-3154236  |  |                    | Not Applicable           |
| Suite, Apt   | ! #, etc  | Suite, Apt. #, etc.   |   |  |   | 5. Certificate of Status Desired  |  |                    | 5 Additional<br>Required |
| City & Sta   | le  | City & State  |   |  |   | Election Campaign Financing     Trust Fund Contribution                               |  |                    | 00 May Be<br>ed to Fees  |
| Zip<br>24  | Country 25  | Zip<br>29   | 30  | ountry   |   | This corporation has liability for in Florida Statutes                                | ntangible !<br>Yes                     | ax unde            | er s. 199.032,           |
|  | 9. Name and Address of Cui  | rrent Registered Agent  |   | $oldsymbol{oldsymbol{\square}}$  |   | 10. Name and Address of New Re  | gistered A                             | gent               |                          |
|  | EATON, TIMOTHY L  |   |   | 81   | Name  |   |  |                    |                          |
| 4325 SHERBORNE RD<br>TALLAHASSEE FL 32303  |   |   |   |  |   | Address (P.O. Box Number is Not Acceptable)   |  |                    |                          |
|  |   |   |   | 83   |   |   |  |                    |                          |
|  |   |   |   | 84   | City  |   | FL                                     | 85 2               | Zip Code                 |
|  |   |   |   |  |   | rporation submits this statement for the pation's board of directors. I hereby accept | urpose of                              |                    |                          |
| agent. Fi  | registered agent, or both, in the Stant familiar with and accept the of                                 | tate of Floridal Such change with bligations of, Section 607.0505 | vas autrioriz<br>5, Florida St  | tatutes  | Tue corbora   | alion's board of directors. Thereby accept  | и ина върс                             | antineni           | as registered            |
| SIGNATURE  |   |   |   |  |   |   |  |                    |                          |
|  | Signature, lyped or printed name of registered  |   | (NOTE: Registe  |  | nt signature requ   | uired when reinstating)  ADDITIONS/CHANGES TO OFFIC                                   | DATE<br>EDC AND                        | DIRECT             | CODE IN 12               |
| 12.  | PVP   | AND DIRECTORS  DELETE   |   | ).<br>ITILE  | <del></del>   | ADDITIONS/CHANGES TO OFFIC  |  | Chan               |                          |
|  | 1 1 71  |   |   |  |   |   |  |                    |                          |
|  | DEATON TIMOTHY I  | C) DESCRIE  |   |  |   |   |  |                    | -                        |
| NAVE   | DEATON, TIMOTHY L.  | _ Distric   | 1.2   | NAME   | ADDRECC   |   |  |                    | •                        |
| NAME<br>STREET ADDRESS   | 4325 SHERBORNE ROAD   | _ onen  | 1.2<br>1.3  | NAME<br>STREET   | ADDRESS   |   |  |                    | •                        |
| NAME<br>STREET ADDRESS<br>CITY - ST - 70°  | 4325 SHERBORNE ROAD<br>TALLAHASSEE FL   |   | 1.2<br>1.3<br>1.4   | NAME<br>STREET<br>CITY-S   | 1   |   |  |                    | ne Additio               |
| NAME<br>STREET ADDRESS<br>CHY+ST-700<br>THEE   | 4325 SHERBORNE ROAD<br>TALLAHASSEE FL<br>ST   | ☐ DELETE  | 1.2<br>1.3<br>1.4<br>21   | NAME<br>STREET<br>I CITY-ST<br>I TITLE   | 1   |   | · ************************************ | ☐ Chan             | ge 🔲 Additio             |
| NAME STREET ADDRESS ONY - ST-71P THEE NAME   | 4325 SHERBORNE ROAD<br>TALLAHASSEE FL<br>ST<br>DEATON, LYNN M.  |   | 1.2<br>1.3<br>1.4<br>21<br>2.2  | NAME<br>STREET<br>I CITY - ST<br>I TITLE<br>NAME   | I-2IP   |   | <del></del>                            |                    | ge 🔲 Additio             |
| NAME STREET ADDRESS CHY - ST-749 THLE NAME STREET ADDRESS  | 4325 SHERBORNE ROAD<br>TALLAHASSEE FL<br>ST<br>DEATON, LYNN M.<br>4325 SHERBORNE ROAD                   |   | 1.2<br>1.3<br>1.4<br>21<br>22<br>2.3  | NAME STREET CITY-ST TITLE NAME STREET  | 1-ZIP ADDRESS   |   |  |                    | ge 🔲 Additio             |
| NAME STREET ADDRESS COTY - ST- ZIP TITLE NAME STREET ADDRESS COTY - ST- ZIP  | 4325 SHERBORNE ROAD<br>TALLAHASSEE FL<br>ST<br>DEATON, LYNN M.  |   | 1.2<br>1.3<br>1.4<br>21<br>22<br>2.3<br>2.4   | NAME STREET CITY-S' TITLE NAME STREET CITY-S   | 1-ZIP ADDRESS   |   |  |                    |                          |
| NAME<br>STREET ADDRESS<br>CHY. ST-ZP<br>THLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZP<br>THLE  | 4325 SHERBORNE ROAD<br>TALLAHASSEE FL<br>ST<br>DEATON, LYNN M.<br>4325 SHERBORNE ROAD                   | ☐ DELETE  | 1.2<br>1.3<br>1.4<br>21<br>22<br>2.3<br>2.4<br>3.1  | NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE  | 1-ZIP ADDRESS   |   |  | ☐ Chan             |                          |
| NAME STREET ADDRESS ONY-ST-ZP THEE NAME STREET ADDRESS OTY-ST-ZP THEE NAME   | 4325 SHERBORNE ROAD<br>TALLAHASSEE FL<br>ST<br>DEATON, LYNN M.<br>4325 SHERBORNE ROAD<br>TALLAHASSEE FL | ☐ DELETE  | 1.2<br>1.3<br>1.4<br>21<br>22<br>2.3<br>2.4<br>3.1<br>3.2   | NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME   | I-ZiP  ADDRESS II-ZiP   |   |  | ☐ Chan             |                          |
| NAME STREET ADDRESS ONY, ST-ZP THRE NAME STREET ADDRESS OTY-ST-ZP THRE NAME STREET ADDRESS STREET ADDRESS  | 4325 SHERBORNE ROAD<br>TALLAHASSEE FL<br>ST<br>DEATON, LYNN M.<br>4325 SHERBORNE ROAD<br>TALLAHASSEE FL | ☐ DELETE  | 1.2<br>1.3<br>1.4<br>21<br>22<br>2.3<br>2.4<br>3.1<br>3.2<br>3.3  | NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME   | ADDRESS T-ZIP  ADDRESS  |   |  | ☐ Chan             |                          |
| NAME STREET ADDRESS OTH ST-ZP THRE NAME STREET ADDRESS OTH ST-ZP THRE NAME   | 4325 SHERBORNE ROAD<br>TALLAHASSEE FL<br>ST<br>DEATON, LYNN M.<br>4325 SHERBORNE ROAD<br>TALLAHASSEE FL | ☐ DELETE  | 1.2<br>1.3<br>1.4<br>2.1<br>2.2<br>2.3<br>2.4<br>3.1<br>3.2<br>3.3<br>3.4   | NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME   | ADDRESS T-ZIP  ADDRESS  |   |  | ☐ Chan             | ge Addilic               |
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14. If 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

Jamiylun O

Scalor

THOTHY L

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1/29/97

(904)562-4799 Officera Proces

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