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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Marshall
Secretary of State
Division of Corporations

DOCUMENT # **P93000085436 (2)**

ROBERT B. DEES, INC. NUMBER 2

Principal Place of Business: 116 N.E. PALM STREET, LIVE OAK FL 32060
Mailing Address: 116 N.E. PALM STREET, LIVE OAK FL 32060

2. Principal Place of Business: 21 State, Apt. # of: 22 City & State: 23
2a. Mailing Address: 26 State, Apt. # of: 27 City & State: 28
24 25 29 30

3. Date incorporated or organized: 12/08/1993
3a. Date of Last Report: 06/01/1994
4. FIC Number: 59-3215065
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

8. Name and Address of Current Registered Agent: DEES, ROBERT B, 116 N.E. PALM ST., LIVE OAK FL 32060
9. Name and Address of New Registered Agent: B1 Name: B2 Street Address (P.O. Box Number if Not Applicable): B3 City, State (FL), Zip Code: B4 B5

11. I, the undersigned, the president of the firm, certify that the above named corporation submits this statement for the purpose of changing its registered office or principal place of business 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 statement of s. 199.032, Florida Statutes.

SIGNATURE: _____

12. CURRENT OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME: DEES, ROBERT B	2. STREET ADDRESS: 817 COLISEUM AVE. S.W.	3. NAME:	4. STREET ADDRESS:
3. CITY: LIVE OAK	4. STATE: FL	5. NAME:	6. STREET ADDRESS:
7. NAME: DEES, JUDY S	8. STREET ADDRESS: 817 COLISEUM AVE. S.W.	9. NAME:	10. STREET ADDRESS:
11. CITY: LIVE OAK	12. STATE: FL	13. NAME:	14. STREET ADDRESS:
17. NAME:	18. STREET ADDRESS:	15. NAME:	16. STREET ADDRESS:
21. NAME:	22. STREET ADDRESS:	19. NAME:	20. STREET ADDRESS:
27. NAME:	28. STREET ADDRESS:	23. NAME:	24. STREET ADDRESS:
31. NAME:	32. STREET ADDRESS:	25. NAME:	26. STREET ADDRESS:
37. NAME:	38. STREET ADDRESS:	29. NAME:	30. STREET ADDRESS:

14. I, the undersigned, certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that the signatures shall have the same legal effect as if each such party had personally appeared in person before the corporation or the registrar or Registrar's officers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of the report or on any additional filing with an address.

SIGNATURE: *Robert B. Dees* ROBERT B. DEES 4/29/95 904-262-2228
I HEREBY FILE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR