

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 # P94000004605 (9)

1. Corporation Name

DEVCO OF GULF BREEZE, INC.

Principal Place of Business

4772 HICKORY SHORES BLVD.
GULF BREEZE FL 32561

Mailing Address

4772 HICKORY SHORES BLVD.
GULF BREEZE FL 32561-9218

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ROBERTS, DONNA
1531 S TAMiami TRAIL
SUITE 702B
VENICE FL 34292

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3219118

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

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 or printed name of registered agent and date of applicable

(NOTE: Registered Agent signature required at incorporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROLL, BERNARD R
STREET ADDRESS 4772 HICKORY SHORES BLVD
CITY-ST-ZIP GUL BREEZE FL

TITLE VPD ☐ DELETE

NAME ROLL, CHARLES W
STREET ADDRESS 758 TROJAN RD
CITY-ST-ZIP VENICE FL

TITLE STD ☐ DELETE

NAME ANDREA ROLL
STREET ADDRESS 4772 HICKORY SHORES BLVD.
CITY-ST-ZIP GULF BREEZE FL

TITLE D ☐ DELETE

NAME DONNA ROBERTS ROLL
STREET ADDRESS 758 TROJAN ROAD
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

Charles W. Roll

4/20/97

9-11-2012-3914

CR2E034 (9/96)

FILED
May 02 1997 8:00am
Secretary of State

