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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000038378 (3)

DEVILLE INVESTMENT, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Plac	e or Business	Mailing #	Address								
3333 FURLONG WAY GOTHA FL 34734		P.O. BOX 610 APOPKA FL 32704									
SOTIA PE STAG		NI OF UNITE OFFICE					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified				
							05/20/1994				
2. Principal P	lace of Business	2a, Mailing Address					4. FEI Number		Ap	plied For	
21		26					59-3238696	İ	No	t Applicable	
Suite, Apt.	#, e1 c.	Suite, Apt. #, etc.					A	/ \$8	-	Additional	
22		27	27				5. Certificate of Status Desired			paulred	
City & State		-+	City & State				6. Election Campaign Financing	¢	5 00	May Be	
23		28	28				Trust Fund Contribution			o Fees	
Zip	Country		Zip Country				8. This corporation owes or has paid t				
24	25	29		30	•		Personal Property Tax due June 30. Yes X No				
27	g. Name and Address of Current		Agent	1001		<u>-</u> ,	10. Name and Address of New Regis				
MC	IXNER, DEANNA	<u>*</u>		81	1	Name					
					↓						
605 E. ROBIN LN. Apopka fl. 32712				82	82 Street Address (P.O. Box Number is Not Accepta					j	
API	UTINA FL 361 16			83	+-						
				"						i	
				84	i	City		— 85	Zip (Code	
								FL "	Ļ		
11. Pursuant	to the provisions of Sections 607.0502	and 607.150 L'Elorida, Sur	8, Florida Statu	les, the abov	/e-n	named corpora	ation submits this statement for the purp i's board of directors. I hereby accept the	ose of char	iging it ent as	s registered	
agent. I a	m familiar with, and accept the obligat	ons of, Secti	on 607.0505, FI	orida Statute	S.	io corporation	13 Doubt of Grootors. Thereby accept to	к црронин	O'IL US	regisierea	
SIGNATURE										- 1	
	Signature, typed or printed name of registered agent	and tile if a pplica	itir (NO	II. Registered Ag	ent s	signature required v	when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICER				
TITLE	TDP		☐ DELETE	1.1 TITLE		ļ		XQ≎	hange	☐ Addition	
NAME	WALTON, CHRIS			1.2 NAME		1					
STREET ADDRESS	33 33 FURLONG WAY			1.3 STREE	T ADI	ORESS 1317	15 Lindfields Bh	α .			
CITY-ST-ZIP	G OTHA FL 32734			1.4 CITY-	ST - Z	n Ki	Simmee, FL 31	4747			
TITLE	VP		DELETE	2.1 TITLE				□ c	hange	Addition	
NAME	Deanna Meixner			2.2 NAME						·	
STREET ADDRESS	WEE BOKING LD			2.3 STREE		DBESS !					
CITY-ST-ZIP	Apopka, FL 3	7712		2 4 CITY-		·					
TITLE	BADDACT - O O	2 1 10-	DELETE	3 1 1111.8	31-1	ZIF _			hange	Addition	
				3.2 NAME		ĺ			· · · · · · · · · · · · · · · · · · ·		
NAME OTDET ADDRESS						DDECC					
STREET ADDRESS				3.3 STREE		1					
CITY-ST-ZIP		·	DELETE	3.4. CITY-	SI-	ZIP			hange	Addition	
TITLE			☐ VELETE	4.1 TITLE				□ C	range	AUDITION	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE							
CITY-ST-ZIP				4.4 CITY-	S1-Z	21P					
TITLE			L DELETE	5.1 TITLE				□ c	hange	☐ Addition	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREF	T ADI	DRESS					
CITY-ST-ZIP				5.4 CITY-	ST-7	?IP					
TITLE			DELETE	6.1 TITLE				☐ C	hange	Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE	T ADI	DRESS					
CITY-ST-ZIP				6.4 CITY-							
VIII-OI-EIF	L 			0.4 OHT-	31-2						

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 informational 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.

(HQY)