

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

FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000049181 (8)

1. Corporation Name  
4-DV, INC.



Principal Place of Business  
401 PARISH COVE  
MARY ESTHER FL 32569

Mailing Address  
401 PARISH COVE  
MARY ESTHER FL 32569-2134

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br>06/27/1994  | 3a. Date of Last Report<br>06/27/1996                  |
| 4. FEI Number<br>59-3255866  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 711 N. Monroe St.<br>Suite, Apt. #, etc.<br>22 City & State<br>23 Tallahassee Florida<br>24 Zip 32303 25 Country USA | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip 32303 29 Country USA |
|---|---|

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br>DEVERS, GEORGE<br>401 PARISH COVE<br>MARY ESTHER FL 32569 | 10. Name and Address of New Registered Agent<br>81 Name Simon Devers<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>711 North Monroe<br>83<br>84 City Tallahassee FL 85 Zip Code 32303 |
|--|---|

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 obligation of, Section 607.0505, Florida Statutes.  
SIGNATURE *[Signature]* DATE 1/22/97  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                         |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>DEVERS, GEORGE<br>401 PARISH COVE<br>MARY ESTHER FL 32569<br><input checked="" type="checkbox"/> DELETE        | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | P/S/T<br>SIMON DEVERS<br>6732 BELLVIEW PINE PLACE<br>PENSACOLA FL 32526<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>DEVERS, VALERIE R<br>401 PARISH COVE<br>MARY ESTHER FL 32569<br><input checked="" type="checkbox"/> DELETE     | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>DEVERS, SIMON<br>6732 BELLVIEW PINE PLACE<br>PENSACOLA FL 32526<br><input type="checkbox"/> DELETE             | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>DEVERS, DAWN E<br>6732 BELLVIEW PINE PLACE<br>PENSACOLA FL 32526<br><input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *[Signature]* 1/22/97 (904) 224-8548  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)