**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054440 (0)

1. Corporation Name
DEAN ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 101 LAWRENCE BLVD.<br>SUITE 201<br>KEYSTONE HEIGHTS FL 32656 | 101 LAWRENCE BLVD.<br>SUITE 201<br>KEYSTONE HEIGHTS FL 32656 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-3261736 ☐ 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

9. Name and Address of Current Registered Agent

NEWELL, PAUL D
101 LAWRENCE BLVD.
SUITE 201
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name: Philip T. Dean
82 Street Address (P.O. Box Number is Not Acceptable): 390 Lawrence Blvd
83: PO Box 2180
84 City: Keystone Heights FL 85 Zip Code: 32656

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: Philip T. Dean Philip T. Dean President 4-28-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | President / Director | ☐ Change ☑ Addition |
| NAME | DEAN, PHILIP THOMAS | 1.2 NAME | Philip T. Dean | |
| STREET ADDRESS | 6461 BAKER ROAD | 1.3 STREET ADDRESS | 6461 Baker Road | |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 | 1.4 CITY-ST-ZIP | Keystone Heights FL 32656 | |
| TITLE | | 2.1 TITLE | Secretary / Treasurer / Director | ☐ Change ☑ Addition |
| NAME | | 2.2 NAME | Laura G. Dean | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 6461 Baker Road | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Keystone Heights, FL 32656 | |
| TITLE | | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Philip T. Dean 4-28-95 904-473-4994
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0096940 CP