

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000054440 (0)**

1. Corporation Name

DEAN ENTERPRISES, INC.



Principal Place of Business

**101 LAWRENCE BLVD.
SUITE 201
KEYSTONE HEIGHTS FL 32656**

Mailing Address

**101 LAWRENCE BLVD.
SUITE 201
KEYSTONE HEIGHTS FL 32656**

3. Date Incorporated or Qualified

07/20/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 290 Lawrence Blvd

26 PO Box 2180

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Keystone Heights, FL

28 Keystone Hgts, FL

Zip

Country

Zip

Country

24 32656

25 CLAY

29 32656

30 CLAY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILIP T. DEAN
290 LAWRENCE BLVD
P.O. BOX 2180
KEYSTONE HEIGHTS FL 32656**

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 (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DEAN, PHILIP THOMAS**
STREET ADDRESS **6461 BAKER ROAD**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL**

TITLE **STD** ☐ DELETE
NAME **LAURA G. DEAN**
STREET ADDRESS **6461 BAKER RD.**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 *Laura G. Dean, Laura G. Dean*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

Date

352473-4707

Daytime Phone #

CR2E034 (12/95)