

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 # P94000058238 (4)

1. Corporation Name

MARY K. DEWEES, INC.



Principal Place of Business

10150 BELLE RIVE BLVD.  
SUITE 1006  
JACKSONVILLE FL 32256

Mailing Address

10150 BELLE RIVE BLVD.  
SUITE 1006  
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified  
08/08/1994

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

21 95 N. ROSCOE BLVD.

2a. Mailing Address

26 95 N. ROSCOE BLVD.

4. FEI Number  
59-3262825

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

Suite, Apt. #, etc.

22 City & State

23 PONTE VEDRA, FL

24 32082. 25 Country

Suite, Apt. #, etc.

27 City & State

28 PONTE VEDRA, FL

29 32082 30 Country

9. Name and Address of Current Registered Agent

DEWEES, MARY K.  
10150 BELLE RIVE BLVD  
#1006  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name MARY K. DEWEES  
82 Street Address (P.O. Box Number is Not Acceptable)  
95 N. ROSCOE BLVD.  
83  
84 City PONTE VEDRA FL 85 Zip Code 32082

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

*Mary K. Dewees*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-23-96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME DEWEES, MARY K  
STREET ADDRESS 10150 BELLE RIVE BLVD., SUITE 1006  
CITY - ST - ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
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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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

*Mary K. Dewees, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-96

Date

904 273-1871

Daytime Phone #

CR2E034 (12/95)