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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000069977 (4)

1. Corporation Name

G.E. DEYO CORPORATION

Principal Place of Business

Mailing Address

~~100 W. 10TH AVE. SUITE 1000
TAMPA, FL 33604~~

~~100 W. 10TH AVE. SUITE 1000
TAMPA, FL 33604~~

NOT CORRECT



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 TAMPA, FL	22 Suite, Apt. #, etc.	26 8216 FISHERMAN'S PT.	27 Suite, Apt. #, etc.	09/21/1994	
23 TAMPA, FL	24 33637	28 TAMPA, FL	29 33637	4. FEI Number	
Country HILLS		Country HILLS		65-0526715	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PERCELL, GARY 8216 FISHERMAN'S POINT DR TAMPA FL 33637				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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PURCELL, GARY
STREET ADDRESS 8216 FISHERMAN'S POINT DR
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. 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 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:

4/24/98

813-620-8640

CR2E034 (10/97)