

**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 # P95000008316 (8)

1. Corporation Name  
**KEVIN R. DEYO INC.**



Principal Place of Business: 1310 CHOWKEEBIN NENE TALLAHASSEE FL 32301  
 Mailing Address: 1310 CHOWKEEBIN NENE TALLAHASSEE FL 32301

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 County 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 County 30

3. Date Incorporated or Qualified: 02/01/1995  
 3a. Date of Last Report  
 4. FEI Number: 87-3091355 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  
**DEYO, KEVIN R  
 3909 DORSET PLACE  
 TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent  
 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 607.1502, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	PRESIDENT KEVIN R. DEYO	3909 DORSET PLACE	TALLAHASSEE FL 32303	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY-STATE-ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY-STATE-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 TITLE	36 NAME	37 STREET ADDRESS	38 CITY-STATE-ZIP	39 TITLE	40 NAME	41 STREET ADDRESS	42 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43 TITLE	44 NAME	45 STREET ADDRESS	46 CITY-STATE-ZIP	47 TITLE	48 NAME	49 STREET ADDRESS	50 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	55 TITLE	56 NAME	57 STREET ADDRESS	58 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
59 TITLE	60 NAME	61 STREET ADDRESS	62 CITY-STATE-ZIP	63 TITLE	64 NAME	65 STREET ADDRESS	66 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 Book 12 or Book 13 if changed, or in an affidavit with an address.

SIGNATURE: *Kevin R. Deyo* Kevin R. Deyo, President 2/29/96 901656 0482  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)