

SECOND CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 950000 277 97

1. Corporation Name

DERO, Inc.

Principal Place of Business

Mailing Address

3846 TIMBER RIDGE COURT  
PALM HARBOR, FL 34685-3127

2. Principal Place of Business

21 3846 TIMBER RIDGE COURT

2a. Mailing Address

26 3846 TIMBER RIDGE COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PALM HARBOR, FL

27 City & State

28 PALM HARBOR, FL

24 Zip

34685

25 Country

USA

29 Zip

34685

30 Country

USA

4. FEI Number

59-3308951

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

GERALD PLASKETT  
2651 McCORMICK DRIVE, SUITE 105  
CLEARWATER, FL 34619

10. Name and Address of New Registered Agent

81 Name AMY LAUREN DEDRICK  
82 Street Address (P.O. Box Number Is Not Acceptable)  
3846 TIMBER RIDGE COURT  
83  
84 City PALM HARBOR FL 85 Zip Code 34685

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 Amy Lauren Dedrick

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12.12.99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / S	<input type="checkbox"/> DELETE
NAME	VICTORIA ANN DEDRICK	
STREET ADDRESS	3846 TIMBER RIDGE COURT	
CITY-STATE-ZIP	PALM HARBOR, FL 34685	
TITLE	VICE PRESIDENT / T	<input type="checkbox"/> DELETE
NAME	AMY LAUREN DEDRICK	
STREET ADDRESS	3846 TIMBER RIDGE COURT	
CITY-STATE-ZIP	PALM HARBOR, FL 34685	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONALD Allan GURWILL	
1.3 STREET ADDRESS	3846 TIMBER RIDGE COURT	
1.4 CITY-STATE-ZIP	PALM HARBOR, FL 34685	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	700003079407-0	
2.3 STREET ADDRESS	-12/23/99--01057--013	
2.4 CITY-STATE-ZIP	750 .00 ****750.00	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: Victoria Ann Dedrick VICTORIA ANN DEDRICK 12.12.99 727-785-5404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

FILED  
99 DEC 17 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE  
3 APRIL 1995

CR2E034 (5/99)