SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000039603 (2)**

1. Corporation Name
DEVON ENTERPRISES INC.

Principal Place of Business	Mailing Address
1 CARDWELL CT PALM COAST FL 32137	1 CARDWELL CT PALM COAST FL 32137

3. Date Incorporated or Qualified: **05/18/1995** | 3a. Date of Last Report:

2. Principal Place of Business (21): | 2a. Mailing Address (26):

Suite, Apt. #, etc (22): | Suite, Apt. #, etc (27):

City & State (23): | City & State (28):

Zip (24) / Country (25): | Zip (29) / Country (30):

4. FEI Number: 59-3314951 ☐ 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

COOPER, BRYAN
1 CARDWELL CT
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name [redacted]
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: Bryan Cooper 7-20-96
Signature, typed or printed name of registered agent and box if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	11 TITLE	President ☐ Change ☑ Addition
NAME	Cooper, Bryan	12 NAME	Cooper, Bryan
STREET ADDRESS	1 Cardwell Ct.	13 STREET ADDRESS	1 Cardwell Ct.
CITY-ST-ZIP	Palm Coast, FL 32137	14 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	Secretary, Treasurer ☐ DELETE	21 TITLE	Secretary, Treasurer ☐ Change ☑ Addition
NAME	Giannone, Deborah	22 NAME	Giannone, Deborah
STREET ADDRESS	4 Brooke Station Dr.	23 STREET ADDRESS	4 Brooke Station Dr.
CITY-ST-ZIP	Ormond Beach, FL 32174	24 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bryan Cooper 7-20-96 904-437-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #