FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061710 (6)

FILED Feb 18 1998 8:00am Secretary of State

DEVOT	TE CONSTRUCTION, INC.	(0)			I HADINARI MA TRIKE RIVII AANII ARIIII	I a lii Paul Air	e) ar a ar a raa h 21	
Principal Plac	co of Business	Mailian Address						
Principal Place of Business Mailing Address								
1316 FOXFORREST CIRCLE APOPKA FL 32712 1316 FOXFORREST CIRCLE APOPKA FL 32712			E		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		OI AOL	
					08/09/1995	•		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		I A	pplied For
21		26			59-3337284			ot Applicable
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
22		27			5. Certificate of Status Desired		Fee R	equired
City & Sta	te	City & State	/ & State		6. Election Campaign Financing		\$5.00	Мау Ве
23					Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	•	8. This corporation owes or has		_ ′ -	tangible
24	9, Name and Address of Curren		30		Personal Property Tax due Jur			J No
		r negistered Agent	81	Name /	10. Name and Address of New F	legistered	Agent	
DEVOTE, JAMES C				11000	TIMA CAI	nn		
1316 FOXFORREST CIRCLE			82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
AP	OPKA FL 32712		83	274	CARE DOE			
			03					
			84	City 1	001/m		85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statuto	e the about	77,00	ration submits this statement for the	FL	مكليا	105
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State	of Florida. Such change was at	thorized by	the corporati	ion's board of directors. I hereby acc	pulpose o apt the app	ointment as	registered
agentia	am familiar with, and accept the obliga	mons or, Section 607.0505, Flor	ida Statutes	3.		-/-		-
SIGNATURE	Signature, typed or printed name of registered ager	CONTINUE (NOTE:	Begislered And	int signature require	ed when reinstating)	DATE	<u>′8</u>	
12.	OFFICERS AND		13.	a signatoro rodos.	ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
TITLE	0	DELETE	1.1 TITLE		•		Change	Addition
NAME	DEVOTIE, JAMES C		1.2 NAME				•	
STREET ADDRESS	1316 FOXFORREST CIRCLE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-S	T-ZIP				13
TITLE	D	DELET E	2.1 TITLE				Change	Addition
NAME	DEVOTIE, CHRISTINE M		2.2 NAME					
STREET ADDRESS	1316 FOXFORREST CIRCLE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	APOPKA FL 32712		2. 4 CITY - 5	IT- ZIP				
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME	ī		3.2 NAME					
STREET ADDRESS	,		3.3 STREET	address				
CITY-ST-ZIP			3.4. CITY - S	T - ZIP				i
TITLE		DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	- ZIP				
TITLE		☐ DELETE	5.1 TITLE		-		Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	- ZIP				
TITLE		DELETE	6.1 TITLE		-		Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	address				
CITY-ST-ZIP			6.4 CITY - \$1	- ZIP				

4. I hereby certify that the information supplied with this filling 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 order attachment with an address.