


NOTICE: 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 # P96000098846
Corporation Name
DEVOOGD & ASSOCIATES, INC.

FILED
Sep 01, 1999 8:00 am
Secretary of State
09-01-1999 90005 016 ***550.00

Principal Place of Business
BUTTERCUP CIR.
SPRINGS FL 32714

Mailing Address
263 BUTTERCUP CIR.
ALTAMONTE SPRINGS FL 32714



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/06/1996

4. FEI Number
59-3419776

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 owes the current year
Intangible Personal Property.

Yes No

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip

Country
25

Country
29

Country
30

9. Name and Address of Current Registered Agent
DEVOOGD, LOU ANN
263 BUTTERCUP CIRCLE
#1
ALTAMONTE SPRINGS FL 32714

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. ADDRESS
2. ZIP

D
DEVOOGD, LOU A
263 BUTTERCUP CIR.
ALTAMONTE SPRINGS FL 32714

DELETE

1. ADDRESS
2. ZIP

1.1 TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

VP
DeVoogd, Richard L.
263 Buttercup Circle
Altamonte Springs, FL 32714

Change Addition

1. ADDRESS
2. ZIP

DELETE

1. ADDRESS
2. ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

1. ADDRESS
2. ZIP

DELETE

1. ADDRESS
2. ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

1. ADDRESS
2. ZIP

DELETE

1. ADDRESS
2. ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

1. ADDRESS
2. ZIP

DELETE

1. ADDRESS
2. ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

1. ADDRESS
2. ZIP

DELETE

1. ADDRESS
2. ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/99 407-788-1257
Date Daytime Phone #

CR2E034 (5/99)