## 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 # P97000039595 (8)

**DEVON HOLDINGS, INC.** 

Principal Place of Business		Mailing Address	Mailing Address			s saattaat see sesse seem neem dem desta fesial (010) (010) (110) (010)	
5401 SOUTH KIR	rkman road	5401 SOUTH KIR	KMAN ROAD				
SUITE 500 ORLANDO FL 32819		SUITE 500 ORLANDO FL 32819				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						05/01/1997	
2. Principal Place 21	of Business	2a. Mailing Address 26				4. FEL Number Applied For 59-3444051 Not Applied	
Sulte, Apt. #, etc. 22 City & State 23		Suite, Apt. #, c	Ic.			5. Certificate of Status Desired See Required Fee Required	
		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25	Zip <b>29</b>	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property 1ax due June 30.  Yes No	
	Name and Address of Cu		1301	Т		10. Name and Address of New Registered Agent	
LANE, PAUL C 5401 South Kirkman Road Suite 500					Street A	et Address (P.O. Box Number is Not Acceptable)	
ORLA	NDO FL 32819			83			
				84	City	FL 85 Zip Gode	
OTTICE OF FEGIS	ne provisions of Sections 607 stered agent, or both, in the S amiliar with, and accept the ol	tate of Florida. Such chance	e was author	ized by	the coro	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registere	
SIGNATURE Sign	ature, typed or parited name of registered	Tagect and life if applicable	(NOTE: Regis	tered Age	nt signature (	(organed when reinstating) DATE	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	D	DELE	TE 1	1 TITLE		Change Addi	
			1	1.2 NAME			
STREET ADDRESS 5401 SOUTH KIRKMAN ROAD, SUITE 500			1.	1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819			1.4 C(1Y - S1 - ZIP			
TITLE	DELLTE		TE 2	211/1/16		Change Addi	
NAME			2.	2 NAME	1		
STREET ADDRESS			2.	3 STREET	AODRESS		

14. CHY-S1-ZIP
 14. Dereby 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 trusted 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 altachment with an address.

3.1 TITLE

3.2 NAME

4.1 TILLE

4. 2 NAME

5.1 TILLE

5.2 NAME

6111111

6.2 NAME

**3.3 STREET ADDRESS** 

4.3 STRELT ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CRY - \$1 - ZIP

4.4 CITY - ST - ZIP

3.4 COY-ST ZIP

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**FILED** 

Jan 15 1998 8:00am

Secretary of State

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