

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000059308 (1)

1. Corporation Name
DEVCON, INC.

Principal Place of Business
5129 CASTELLO DR., STE. 1
NAPLES FL 34103

Mailing Address
5129 CASTELLO DR., STE. 1
NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 12945 VANDERBILT DR.	26 12945 VANDERBILT DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #506	27 #506
City & State	City & State
23 NAPLES, FL	28 NAPLES, FL
Zip	Zip
24 34110	29 34110
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified 07/08/1997	4. FEI Number 59-3465185	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
STRAUSS, JEROME M 5129 CASTELLO DR., STE. 1 NAPLES FL 34103

10. Name and Address of New Registered Agent
81 Name SCHRECK, THOMAS C.
82 Street Address (P.O. Box Number is Not Acceptable) 12945 VANDERBILT DRIVE, #506
83
84 City NAPLES
85 Zip Code FL 34110

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: *Thomas C Schreck* President

DATE: 3/3/98

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCHRECK, THOMAS C.
1.3 STREET ADDRESS	12945 VANDERBILT DRIVE, #506
1.4 CITY-ST-ZIP	NAPLES, FL 34110
2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCHRECK, SALLY B
2.3 STREET ADDRESS	12945 VANDERBILT DRIVE, #506
2.4 CITY-ST-ZIP	NAPLES, FL 34110
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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: *Thomas C Schreck* THOMAS C SCHRECK 3/3/98 941-598-9615

CR2E034 (10/97)