

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000082956**

1. Corporation Name  
**DE MESTRE', INC.**

Principal Place of Business  
**1550 GOODWOOD DRIVE  
TALLAHASSEE FL 32308**

Mailing Address  
**1550 GOODWOOD DRIVE  
TALLAHASSEE FL 32308**

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90264 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/24/1998**

4. FEI Number

**59-3534485**

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

**2106 SHADY OAKS DR**

2a. Mailing Address

**2106 SHADY OAKS DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TALLAHASSEE, FL.**

City & State

**TALLAHASSEE, FL.**

Zip

**32302**

Country

**LEON**

Zip

**32302**

Country

**LEON**

9. Name and Address of Current Registered Agent

**TER LOUW, JOHN G  
1550 GOODWOOD DRIVE  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name

**H. J. HAMPTON, III**

82 Street Address (P.O. Box Number is Not Acceptable)

**2106 SHADY OAKS DR**

83

84 City

**TALLAHASSEE**

**FL**

85 Zip Code  
**32303**

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, for 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

**D**

☒ DELETE

NAME

**TER LOUW, JOHN G**

STREET ADDRESS

**1550 GOODWOOD DRIVE**

CITY-ST-ZIP

**TALLAHASSEE FL 32308**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**PRESIDENT**

☒ Change

☒ Addition

1.2 NAME

**H. J. HAMPTON III**

1.3 STREET ADDRESS

**2106 SHADY OAKS DR**

1.4 CITY-ST-ZIP

**TALLAHASSEE, FL 32303**

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5 Feb 99**

**850-562-0688**

CR2E034 (11/98)