

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Morahan  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Apr 26 1996 8:00 am  
Secretary of State

DOCUMENT # **S16912 (5)**

1. Corporation Name  
**DEWITT USA, INC.**



Principal Place of Business: **1604 STOCKTON ST. JACKSONVILLE FL 32204**  
Mailing Address: **P.O. BOX 61749 JACKSONVILLE FL 32236**

3. Date Incorporated or Qualified: **11/27/1990**  
3a. Date of Last Report: **04/04/1995**  
4. FEI Number: **59-3039310**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
22. Suite, Apt. #, etc.: **27**  
23. City & State: **28**  
24. Zip: **25** Country: **29** Zip: **30** Country:

**g. Name and Address of Current Registered Agent**

**ASHBY, C. L. G.  
1604 STOCKTON ST.  
JACKSONVILLE FL 32204**

**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

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 officer 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: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ASHBY, C. L. G.	
STREET ADDRESS	1604 STOCKTON ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, WILLIAM, V	
STREET ADDRESS	1604 STOCKTON ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBERTS, I, ROWLAND	
STREET ADDRESS	1604 STOCKTON ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MILNE, DOUGLAS, J	
STREET ADDRESS	1604 STOCKTON ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fore, J. T.	
1.3 STREET ADDRESS	1604 Stockton Street	
1.4 CITY - ST - ZIP	Jacksonville, FL 32204	
2.1 TITLE	SAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Williams, Willis W.	
2.3 STREET ADDRESS	1604 Stockton Street	
2.4 CITY - ST - ZIP	Jacksonville, FL 32204	
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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/DIRECTOR  
**C.L.G. Ashby, Pres./Dir**

3/11/96 (904) 384-3666  
Date: \_\_\_\_\_ Date: Phone # \_\_\_\_\_

CR2E034 (12/95)