

005001

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S16912 (5)**

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

Principal Place of Business <b>1604 STOCKTON ST. JACKSONVILLE FL 32204</b>	Mailing Address <b>P.O. BOX 61749 JACKSONVILLE FL 32236</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/27/1990</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3039310</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	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

**CONOLLY, ROBERT C.  
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
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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEAN, HENRY E III</b>	
STREET ADDRESS	<b>1604 STOCKTON STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEAN, THOMAS D.S.</b>	
STREET ADDRESS	<b>1604 STOCKTON ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	<b>ASAT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERTS, I, ROWLAND</b>	
STREET ADDRESS	<b>1604 STOCKTON ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>OVERMAN, LJ</b>	
STREET ADDRESS	<b>1447 PEACHTREE ST. NE, STE 414</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30309</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CONOLLY, ROBERT C</b>	
STREET ADDRESS	<b>1604 STOCKTON ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CUMMINS, ELOISE</b>	
STREET ADDRESS	<b>1604 STOCKTON ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D Roberts, William K</b>
3.3 STREET ADDRESS	<b>711 North Oak Street</b>
3.4 CITY-ST-ZIP	<b>Valdosta, Georgia 31601</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)