

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 15 PM 12:04

DOCUMENT # S36577 (2)

1. Corporation Name

DEANS STILL, INC.

Principal Place of Business

Mailing Address

**2413 REID STREET
PALATKA FL 32177**

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PALATKA FL 32177**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1991

3a. Date of Last Report

06/13/1994

4. FEI Number

59-3244282

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

21 **Palatka, FL.**

2a. Mailing Address

26 **2413 Reid St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

29 **Palatka, FL.**

City & State

28 **Palatka, FL.**

Zip

24 **32177**

Country

25 **Palatka**

Zip

29 **32177**

Country

30 **Palatka**

9. Name and Address of Current Registered Agent

**FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311**

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 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

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

(NOT Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D
FRANKLIN, RITA J.
3413 REID ST.
PALATKA FL**

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

**D
William D. Franklin
2413 Reid St.
Palatka, FL.**

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

Change Addition

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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: *William D. Franklin* - *William D. Franklin 6-9-95*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

(Typed Name)

CR2E034 (3/95)