FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V27465** **(6)**

1. Corporation Name

DEVERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1592 FT. WALTON BEACH FL 32549-1592 US	P.O. BOX 1592 FT. WALTON BEACH FL 32549-1592 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/09/1992**
3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business
21 **90 MARY ESTHER BOULEVARD**
22 Suite, Apt. #, etc.
23 City & State: **FT WALTON BEACH FL**
24 Zip: **32569** 25 County: **USA**

2a. Mailing Address
26 **PO Box 15922**
27 Suite, Apt. #, etc.
28 City & State: **FT WALTON BEACH FL**
29 Zip: **32549-1592** 30 County: **USA**

4. FEI Number: **59-3119845** ☐ 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

9. Name and Address of Current Registered Agent

DEVERS, GEORGE
401 PARISH COVE
MARY ESTHER FL 32569

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 or officer if applicable) NOTE: Registered Agent signature required when name changes) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	DEVERS, GEORGE	12 NAME	
STREET ADDRESS	401 PARISH COVE	13 STREET ADDRESS	
CITY ST ZIP	MARY ESTHER FL 32569	14 CITY ST ZIP	
TITLE	CST	21 TITLE	☐ Change ☐ Addition
NAME	DEVERS, VALERIE ROSALIND	22 NAME	
STREET ADDRESS	401 PARISH COVE	23 STREET ADDRESS	
CITY ST ZIP	MARY ESTHER FL 32569	24 CITY ST ZIP	
TITLE	SVP	31 TITLE	☐ Change ☐ Addition
NAME	DEVERS, SIMON GEORGE	32 NAME	
STREET ADDRESS	6732 BELLEVIEW PINES PL	33 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL 32526	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, CAROL	42 NAME	
STREET ADDRESS	2198 WHITEPINES PL.	43 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL 32526	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, COLIN	52 NAME	
STREET ADDRESS	2198 WHITEPINES PL.	53 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL 32526	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	DEVERS, DAWN	62 NAME	
STREET ADDRESS	6732 BELLEVIEW PINES PL	63 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL 32526	64 CITY ST ZIP	

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)(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 changed, or on an attachment with an address.

SIGNATURE: V.R. DEVERS 04·10·95 1·904·863·4333
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0391089 CP