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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V27465** (6)

1. Corporation Name

DEVERS, INC.



Principal Place of Business

**90 MARY ESTHER BLVD
FT. WALTON BEACH FL 32569
US**

Mailing Address

**P.O. BOX 15922
FT. WALTON BEACH FL 32549-1592
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DEVERS, GEORGE
401 PARISH COVE
MARY ESTHER FL 32569**

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 the corporation)

Signature typed or printed (Name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DEVERS, GEORGE	
STREET ADDRESS	401 PARISH COVE	
CITY-STATE-ZIP	MARY ESTHER FL 32569	
TITLE	CST	☐ DELETE
NAME	DEVERS, VALERIE ROSALIND	
STREET ADDRESS	401 PARISH COVE	
CITY-STATE-ZIP	MARY ESTHER FL 32569	
TITLE	SVP	☐ DELETE
NAME	DEVERS, SIMON GEORGE	
STREET ADDRESS	6732 BELLEVIEW PINES PL	
CITY-STATE-ZIP	PENSACOLA FL 32526	
TITLE	V	☒ DELETE
NAME	WRIGHT, CAROL	
STREET ADDRESS	2198 WHITE PINES PL.	
CITY-STATE-ZIP	PENSACOLA FL 32526	
TITLE	V	☒ DELETE
NAME	WRIGHT, COLIN	
STREET ADDRESS	2198 WHITE PINES PL.	
CITY-STATE-ZIP	PENSACOLA FL 32526	
TITLE	V	☐ DELETE
NAME	DEVERS, DAWN	
STREET ADDRESS	6732 BELLEVIEW PINES PL	
CITY-STATE-ZIP	PENSACOLA FL 32526	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(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:

Valerie Rosalind Devers

VALERIE ROSALIND DEVERS

04-01-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

904-243-6686

CR2E034 (12/95)