

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

FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V33161** (3)  
1. Corporation Name  
**DEHNEL & ASSOCIATES, INC.**

Principal Place of Business  
**522 TURNER CAMP ROAD  
INVERNESS FL 34451  
US**

Mailing Address  
**P.O. BOX 2491  
INVERNESS FL 34451-2491  
US**



2. Principal Place of Business 21 <b>6730 E. Waybridge Ct.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>6730 E. Waybridge Ct.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/30/1992</b>		3a. Date of Last Report <b>03/29/1996</b>	
22 <b>INVERNESS, FL</b> City & State		27 <b>INVERNESS, FL</b> City & State		4. FEI Number <b>59-3121055</b>		Applied For <input type="checkbox"/> Not Applicable	
23 <b>34452</b> Zip		24 <b>CITRUS</b> Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 <b>34452</b> Zip		26 <b>CITRUS</b> Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BLACK, MICHAEL D. 3711 NW 59TH PL GAINESVILLE FL 32659</b>				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				<b>FL</b>			

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's signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	DEHNEL, DEAN	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEHNEL, DEAN		1.2 NAME	DEHNEL, DEAN			
STREET ADDRESS	1236 CYPRESS COVE CT		1.3 STREET ADDRESS	6730 E. Waybridge Ct.			
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP	INVERNESS, FL.			
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	DEHNEL, CAROLYN	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEHNEL, CAROLYN		2.2 NAME	DEHNEL, CAROLYN			
STREET ADDRESS	1236 CYPRESS COVE CT		2.3 STREET ADDRESS	6730 E. Waybridge Ct.			
CITY-ST-ZIP	INVERNESS FL		2.4 CITY-ST-ZIP	INVERNESS, FL.			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	KEITH RHODES	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RHODES, KEITH		3.2 NAME	KEITH RHODES			
STREET ADDRESS	5497 CAVRESO CT		3.3 STREET ADDRESS	5497 Caurus Ct			
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO, FL			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 in an attachment with an address.

SIGNATURE:  **DEAN D. DEHNEL** 3/8/97 352-637-3390  
Date Daytime Phone #

CR2E034 (9/96)