

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

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 167513 (1)**

1. Corporation Name  
**DEVCON INTERNATIONAL CORP.**



Principal Place of Business: **1350 E NEWPORT CENTER DRIVE SUITE 201 DEERFIELD BEACH FL 33442-7778**  
Mailing Address: **1350 E NEWPORT CENTER DRIVE SUITE 201 DEERFIELD BEACH FL 33442-7778**

3. Date Incorporated or Qualified: **12/26/1951** 3a. Date of Last Report: **02/19/1996**  
4. FEI Number: **59-0671992** 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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**ZIROLLA, BEVERLY  
1350 E. NEWPORT CENTER DRIVE  
SUITE 201  
DEERFIELD BEACH FL 33443**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, DONALD L., JR.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HORNSBY, RICHARD L.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OBENAUF, HENRY C.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BARRETT, WALTER B.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZIROLLA, BEVERLY E.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, DONALD L. III	
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL	

**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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 on an attachment with an address.

SIGNATURE: *Walter B. Barrett* **WALTER B. BARRETT** 1/21/97 (954) 429-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)