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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:24

DOCUMENT # 151575 (8)

1. Corporation Name

LONGWOOD ENTERPRISES INC

Principal Place of Business	Mailing Address
25 LONGWOOD DR BOX 127 SHALIMAR FL 32579-1013	25 LONGWOOD DR BOX 127 SHALIMAR FL 32579-1013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1947
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-6074995 — 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 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address: 26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

NABORS,A L
25 LONGWOOD DR
SHALIMAR FL 32579

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: A. L. Nabors 1-10-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NABORS, A.L.
STREET ADDRESS	25 LONGWOOD DR.
CITY ST ZIP	SHALIMAR FL
TITLE	P
NAME	NABORS, JAMES E.
STREET ADDRESS	25 LONGWOOD DR
CITY ST ZIP	SHALIMAR FL
TITLE	D
NAME	NABORS, G.D.
STREET ADDRESS	25 LONGWOOD DR
CITY ST ZIP	SHALIMAR FL
TITLE	VP
NAME	GILBERT, CONNIE
STREET ADDRESS	25 LONGWOOD DR
CITY ST ZIP	SHALIMAR FL
TITLE	ST
NAME	DARNELL, SHARILYN
STREET ADDRESS	25 LONGWOOD DR.
CITY ST ZIP	SHALIMAR FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY ST ZIP — [ ] Change [ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY ST ZIP — [ ] Change [ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY ST ZIP — [ ] Change [ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY ST ZIP — [ ] Change [ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY ST ZIP — [ ] Change [ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 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 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: A. L. Nabors — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1-10-95 Date

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