

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

206 2-13-95 B-1147-C

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:31

DOCUMENT # 499696 (3)
1. Corporation Name
THE LOFT GROUP OF COMPANIES

Principal Place of Business Mailing Address
~~BARNETT TOWER SUITE 1210~~
~~ONE PROGRESS PLAZA~~
~~ST. PETERSBURG FL 33701~~
BARNETT TOWER SUITE 1210
ONE PROGRESS PLAZA
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 206 - 150TH AVE 26 206 - 150TH AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State 27
23 MADEIRA BEACH, FL 28 MADEIRA BEACH, FL
Zip 29 33708 30 33708
Country 25 USA 31 USA

3. Date Incorporated or Qualified 03/24/1976 3a. Date of Last Report 03/22/1994
4. FEI Number 59-1674749 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
LOCKE, CHARLES L.
BARNETT TOWER SUITE 1210
ONE CONGRESS PLAZA
ST. PETERSBURG FL 33701
INCORRECT MAILING ADDRESS

10. Name and Address of New Registered Agent
81 Name LOCKE CHARLES L.
82 Street Address (P.O. Box Number is Not Acceptable) 7005 Central Avenue
83
84 City St. Petersburg FL 85 Zip Code 33710

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 607.0502, Florida Statutes.

SIGNATURE *Charles L. Locke* 2/8/95
Signature of person named in 9. (Signature of registered agent required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LOFT, WM. B
STREET ADDRESS	745 128TH AVENUE
CITY- ST- ZIP	TREASURE ISLAND FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation stated on Form 119 (FL-001) 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: *W.B. Loft* PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR
W.B. LOFT
Jan. 25/95
813-393-3090