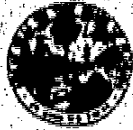


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:30

DOCUMENT # H07036 (7)

1. Corporation Name
MATHIS DEVELOPMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6393 LAKE CHARLENE DRIVE
PENSACOLA FL 32506**

Mailing Address
**6393 LAKE CHARLENE DRIVE
PENSACOLA FL 32506**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/08/1984

3a. Date of Last Report
06/06/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
59-2498268

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

10. Name and Address of New Registered Agent

**MATHIS, SHARON
6393 LAKE CHARLENE DRIVE
PENSACOLA FL 32506**

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MATHIS, SHARON J.
STREET ADDRESS	6393 LAKE CHARLENE DRIVE
CITY - ST - ZIP	PENSACOLA FL
TITLE	VTS
NAME	MATHIS, JAY
STREET ADDRESS	6393 LAKE CHARLENE DRIVE
CITY - ST - ZIP	PENSACOLA FL
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

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sharon J Mathis* **SHARON J. Mathis**

4/29/95
DATE

6101455-8178
KEYWORD