

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H76398** (7)

1. Corporation Name
BARRY E. SCHMOYER & ASSOCIATES, INC.

Principal Place of Business Mailing Address
SCOTT GORDON **SCOTT GORDON**
1800 WND STREET, SUITE 855 **1800 WND STREET, SUITE 855**
SARASOTA FL 34236 **SARASOTA FL 34236**

APPROVED AND FILED
 95 MAY -1 PM 2:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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3. Date incorporated or Qualified	3a. Date of Last Report
09/17/1985	05/01/1994
4. FEI Number	Applied For
59-2585417	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(3)(2), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GORDON, SCOTT
1800 2ND STREET, SUITE 855
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number, Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607, 608 and 609, Florida Statutes, the above named corporation submits the 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 provisions of Section 607, Florida Statutes.

SIGNATURE _____ (Name of registered agent or the corporation)
 _____ (Name of corporation registered in the State)

12. OFFICERS AND DIRECTORS

1. NAME	PST SCHMOYER, BARRY E.
2. STREET ADDRESS	2831 RINGLING BL. #217E
3. CITY, ST. ZIP	SARASOTA FL 34237
4. NAME	
5. STREET ADDRESS	
6. CITY, ST. ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, ST. ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, ST. ZIP	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
6. CITY, ST. ZIP	
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	
9. CITY, ST. ZIP	
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	
12. CITY, ST. ZIP	

14. I, the undersigned, certify that the information furnished herein is voluntarily furnished and does not qualify for the exemption stated in Sections 199(3)(2), Florida Statutes. I further certify that the information furnished is true and correct 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 an individual authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet of an additional address.

SIGNATURE: Barry E. Schmoyer 04/26/95 813-953-4447
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR