

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:56

DOCUMENT # **J48786** (4)

1. Corporation Name
301 ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**P O BOX 9818
RIVIERA BEACH FL 33419**

Mailing Address
**P O BOX 9818
RIVIERA BEACH FL 33419**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/24/1986** 3a. Date of Last Report **04/28/1994**

4. FEI Number **65-0071636** 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 § 199 U.S. Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite Apt #, etc 26. Suite Apt #, etc

22. City & State 27. City & State

23. City County 28. City County

24. City County 25. City County 29. City County 30. City County

9. Name and Address of Current Registered Agent
**EAKINS, DOUGLAS S
300 W TENTH ST
RIVIERA BEACH FL 33404**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	EAKINS, DOUGLAS S.
STREET ADDRESS	300 W. 10TH ST
CITY ST ZIP	RIVIERA BEACH FL
TITLE	DS
NAME	EAKINS, SANDI F.
STREET ADDRESS	300 W 10TH ST.
CITY ST ZIP	RIVIERA BCH. 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 119.07(3)(b), Florida Statutes. I further certify that the information submitted was the product of my or my employees' diligent and accurate work and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the power of attorney empowered 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. I am an individual, not a corporation.

SIGNATURE: **301 ASSOCIATES, INC.**
[Signature]
SANDI F. EAKINS AS SECRETARY/DIRECTOR

4/28/95 (407) 842-0001