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

DOCUMENT # J52528 (3)

1. Corporate Name
KENNETH & CELIA LAVALLEE, INC.

Principal Place of Business:
4822 N. HALE AVE
TAMPA FL 33614
US

Mailing Address:
4822 N. HALE AVE
TAMPA FL 33614
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1987	3a. Date of Last Report: 08/17/1994
4. FEI Number: 59-2756851	[ ] 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 [X] 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

LAVALLEE, KENNETH N.
12110 GARDEN LAKE CIRCLE
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11710 Wesson Cir West
83
84 City: TAMPA FL 85 Zip Code: 33618

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	[ ] Change [ ] Addition
NAME	LAVALLEE, KENNETH N.	NAME	
STREET ADDRESS	12110 GARDEN LAKE CIRCLE	STREET ADDRESS	11710 Wesson Cir W
CITY-ST-ZIP	ODESSA FL	CITY-ST-ZIP	Tampa Fl 33618
TITLE	SD	TITLE	[ ] Change [ ] Addition
NAME	LAVALLEE, CELIA C.	NAME	
STREET ADDRESS	12110 GARDEN LAKE CIRCLE	STREET ADDRESS	11710 Wesson Cir W
CITY-ST-ZIP	ODESSA FL	CITY-ST-ZIP	Tampa Fl 33618
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: Kenneth N. Lavallee 5/3/95 (813)878-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0296978 CP