

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -8 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K55486** (0)

1. Corporation Name

FIRST GENERAL SERVICES OF TAMPA, INC.

Principal Place of Business

115-H EAST BRANDON BLVD.
BRANDON FL 33511

Mailing Address

115-H EAST BRANDON BLVD.
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/04/1989

3a. Date of Last Report

07/26/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0093276

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

WOMACK, KEITH
3215 ELK CT.
1202 STERN WAY
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name **Keith WOMACK**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1202 Stern Way**
84 City **Valrico** FL 85 **33594**

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

Keith Womack
Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

7/19/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE	P
NAME	WOMACK, KEITH F.
STREET ADDRESS	1202 STERN WAY
CITY - ST - ZIP	VALRICO FL
TITLE	M
NAME	HAWTHORNE, JOHN L.
STREET ADDRESS	1217 BUTCH CASSIDY TRAIL
CITY - ST - ZIP	WIMAUMA FL
TITLE	ST
NAME	HAWTHORNE, JOHN L.
STREET ADDRESS	1217 BUTCH CASIDY TRAIL
CITY - ST - ZIP	WIMAUMA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Keith WOMACK
2.3 STREET ADDRESS	1202 STERN WAY
2.4 CITY - ST - ZIP	VALRICO, FL. 33594
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST. Keith Womack
3.3 STREET ADDRESS	1202 STERN WAY
3.4 CITY - ST - ZIP	VALRICO, FL 33594
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 or changed, or on an attachment with an address.

SIGNATURE: *Keith Womack*

7/19/95 813-605-0012

PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Typed Name)

CR2E034 (3/95)