

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 11:10:00

RECEIVED CAPE
TALLAHASSEE, FLORIDA

DOCUMENT # **K62490** (3)

1. Corporation Name
ADMIRAL BILL'S, INC.

Principal Place of Business Mailing Address
710 SCALLOP DRIVE CAPE CANAVERAL FL 32920 **710 SCALLOP DRIVE CAPE CANAVERAL FL 32920**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/01/1989** 3a. Date of Last Report **09/29/1994**

4. FEI Number **59-2932141** Applied For Not Applicable

5. Certificate of Status Created **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under Section 199.034, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	State Apt. #, etc.	26	State Apt. #, etc.
22 City & State		27 City & State	
23	Zip	28	Zip
24	County	29	County

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NEWTON, ROGER R 710 SCALLOP DRIVE CAPE CANAVERAL FL 32920				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 637.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST NEWTON, ROGER 710 SCALLOP DRIVE CAPE CANAVERAL FL 32920	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY & STATE		14 CITY & STATE	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY & STATE		24 CITY & STATE	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY & STATE		34 CITY & STATE	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY & STATE		44 CITY & STATE	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY & STATE		54 CITY & STATE	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY & STATE		64 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.03(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 registered agent named to execute this report as required by Chapter 407, Florida Statutes, and that my name appears on the back of the K-100 filing form in the appropriate position.

SIGNATURE: **Roger R. Newton** 04/26/95 (407) 799-2200
SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR