

**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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 APR -3 PM 4:19**

**DOCUMENT # M59591 (1)**

1. Corporation Name  
**E & B ASSOCIATES INC.**

Principal Place of Business      Mailing Address  
**1960 VALASCO ST  
UNIT #J3  
FT MYERS FL 33916**      **1960 VALASCO ST  
UNIT #J3  
FT MYERS FL 33916**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **09/23/1987**      3a. Date of Last Report **05/11/1994**  
4. FEI Number **NOT APPLICABLE**      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  No

2. Principal Place of Business      2a. Mailing Address  
21 **1960 Valasco St.**      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22 **J3**      27 **S.A.S.**  
City & State      City & State  
23 **Ft. Myers FL**      28  
Zip      Country      Zip      Country  
24 **33916**      25 **U.S.A**      29      30

9. Name and Address of Current Registered Agent  
**BRYSON, BEVERLY  
706 EDISON AVE.  
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent  
B1 Name **Beverly Bryson**  
B2 Street Address (P.O. Box Number is Not Acceptable) **706 Edison Ave**  
B3 **Lehigh Acres**  
B4 **FL**      B5 Zip Code **33936**

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 B. Bryson      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BRYSON, BEVERLY E.</b>
STREET ADDRESS	<b>706 EDISON AVE</b>
CITY- ST- ZIP	<b>LEHIGH FL</b>
TITLE	<b>VD</b>
NAME	<b>BRYSON, EMMIT JR.</b>
STREET ADDRESS	<b>706 EDISON AVE</b>
CITY- ST- ZIP	<b>LEHIGH FL</b>
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: B. Bryson - Beverly Bryson      Date 3/25/95      System Process # 337-7113  
SIGNATURE AND TYPED OR PRINTED NAME OF WRITING OFFICER OR DIRECTOR      Date      System Process #