

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAR -8 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N43000 (1)  
1. Corporation Name  
FLORIDA INITIATIVES, INC.

Principal Place of Business: % ROBERT L. NABORS, 4504 ROCKBRIDGE HOLLOW, TALLAHASSEE FL 32308  
Mailing Address: % ROBERT L. NABORS, 4504 ROCKBRIDGE HOLLOW, TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1991  
3a. Date of Last Report: 04/29/1994

4. FEI Number: 59-3079349  
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business: 21 4504 Rockbridge Hl  
2a. Mailing Address: 26 1400 Village Sq Blvd Unit 3-221  
22. Suite, Apt. #, etc.  
23. City & State: Tall, FL 32308  
24. Zip: 32308  
25. Country: U.S.A.  
27. Suite, Apt. #, etc.  
28. City & State: Tall, FL  
29. Zip: 32312  
30. Country: USA.

9. Name and Address of Current Registered Agent  
NABORS, JOAN B.  
FLORIDA INITIATIVES  
1400 VILLAGE SQUARE BLVD., #3-221  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ZARICKI, VIVIAN
STREET ADDRESS	428 TERRACE STREET
CITY - ST - ZIP	TALLAHASSEE FL 32308
TITLE	STD
NAME	DELEGAL, VIRGINIA S
STREET ADDRESS	1840 WAGON WHEEL CIRCLE
CITY - ST - ZIP	TALLAHASSEE FL 32310
TITLE	D
NAME	NABORS, ROBERT L
STREET ADDRESS	4504 ROCKBRIDGE HOLLOW
CITY - ST - ZIP	TALLAHASSEE FL 32308
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 checked="" 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 Sections 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joan B. Nabors* / *Robert L. Nabors*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1/26/95 904-668-1531  
DATE TELEPHONE NUMBER  
ROBERT L. NABORS