

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000957 (2)**

1. Corporation Name

MAINLANDS MASTER ASSOCIATION, INC.

Principal Place of Business
**10161 - 49TH STREET NORTH
PINELLAS PARK FL 34666**

Mailing Address
**10161 - 49TH STREET NORTH
PINELLAS PARK FL 34666**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1992	3a. Date of Last Report 04/19/1994
4. FEI Number 59-3160435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**RAYBURN, LAURA J
1968 BAYSHORE BLVD
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	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, 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 reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGBY, HERSH	1.2 NAME	
STREET ADDRESS	4207 93RD TERR.	1.3 STREET ADDRESS	300001419319
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	-03/02/95--01062--004
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AURYANSEN, EUGENE	2.2 NAME	CONNOLLY, ETHEL
STREET ADDRESS	4163 100TH AVENUE	2.3 STREET ADDRESS	3925 MAINLANDS BLVD. N.
CITY-ST-ZIP	PINELLAS PARK FL 34666	2.4 CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	T	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINTON, DON	3.2 NAME	ROUSSEAU, CLARA
STREET ADDRESS	9811 MAINLANDS BLVD. W.	3.3 STREET ADDRESS	3576 97th AVE. N.
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	VD	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTERVELT, ROY	4.2 NAME	DUFFIELD, CLYDE (SKIP)
STREET ADDRESS	9724 36TH STREET	4.3 STREET ADDRESS	9673 MAINLANDS BLVD. W.
CITY-ST-ZIP	PINELLAS PARK FL 34666	4.4 CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLDORSON, GENE	5.2 NAME	
STREET ADDRESS	4163 100TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34666	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 registered agent authorized to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-95

813-573-5670