FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 15 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000616 (2)

1. Corporation Name
IDEODYSSEY INSTITUTE, INC.

Principal Place of Business	Mailing Address
5150 99TH WAY NORTH ST. PETERSBURG FL 33708	5150 99TH WAY NORTH ST. PETERSBURG FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1994
3a. Date of Last Report:
4. FEI Number: [X] 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 [X] No

2. Principal Place of Business
21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Wittner E. Wright
82 Street Address (P.O. Box Number is Not Acceptable): 5148 - 28th Ave N
83:
84 City: St. Petersburg, FL 85 Zip Code: 33710

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: Wittner E. Wright
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	D	1.1 TITLE	S/D John M. Eaton [ ] Change [ ] Addition
NAME	EATON, JOHN	1.2 NAME	
STREET ADDRESS	5150 99TH WAY NORTH	1.3 STREET ADDRESS	411 No. Donnelly St. Suite 307
CITY-ST-ZIP	ST. PETERSBURG FL 33708	1.4 CITY-ST-ZIP	Mt. Dora, FL 32757
TITLE	D	2.1 TITLE	D Barry Wright [ ] Change [ ] Addition
NAME	WRIGHT, BARRY	2.2 NAME	
STREET ADDRESS	5150 99TH WAY NORTH	2.3 STREET ADDRESS	4611 46th Ave N
CITY-ST-ZIP	ST. PETERSBURG FL 33708	2.4 CITY-ST-ZIP	Kenneth City, FL 33709
TITLE	D	3.1 TITLE	P/D [ ] Change [ ] Addition
NAME	HICKOK, FLOYD A	3.2 NAME	Floyd A. Hickok
STREET ADDRESS	5150 99TH WAY NORTH	3.3 STREET ADDRESS	5150 99th Way North
CITY-ST-ZIP	ST. PETERSBURG FL 33708	3.4 CITY-ST-ZIP	St. Petersburg
TITLE		4.1 TITLE	T/D [ ] Change [X] Addition
NAME		4.2 NAME	William Krodul
STREET ADDRESS		4.3 STREET ADDRESS	4437 Central Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St Petersburg, FL 33713
TITLE		5.1 TITLE	D [ ] Change [X] Addition
NAME		5.2 NAME	Wittner E Wright
STREET ADDRESS		5.3 STREET ADDRESS	5148 - 28th Ave N.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE		6.1 TITLE	[ ] Change [ ] 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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Floyd A. Hickok — March 14, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Floyd A. Hickok, President

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