

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

MAY 10 11 0:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000010419 (8)**

1. Corporation Name  
**422 CORP.**

Principal Place of Business Mailing Address  
**13902 N. DALE MABRY HWY. SUITE 260 TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/10/1993** 3a. Date of Last Report **03/10/1994**

4. FEI Number **APPLIED FOR 59-3240655** 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 management fee under Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**KARPAY, GEORGE B  
13902 N. DALE MABRY HWY.  
SUITE 260  
TAMPA FL 33618**

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

11. Pursuant to the provisions of Sections 607.05(12) and 607.15(8), 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 607.05(15), Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of Agent) \_\_\_\_\_ (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS

12-1 TITLE	<b>D</b>
12-2 NAME	<b>KARPAY, GEORGE B</b>
12-3 STREET ADDRESS	<b>13902 N. DALE MABRY HWY., SUITE 260</b>
12-4 CITY, ST, ZIP	<b>TAMPA FL 33618</b>
12-5 TITLE	
12-6 NAME	
12-7 STREET ADDRESS	
12-8 CITY, ST, ZIP	
12-9 TITLE	
12-10 NAME	
12-11 STREET ADDRESS	
12-12 CITY, ST, ZIP	
12-13 TITLE	
12-14 NAME	
12-15 STREET ADDRESS	
12-16 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-2 NAME	
13-3 STREET ADDRESS	
13-4 CITY, ST, ZIP	
13-5 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13-6 NAME	<b>Director</b>
13-7 STREET ADDRESS	<b>Dale F. Lewis</b>
13-8 CITY, ST, ZIP	<b>13902 N. Dale Mabry Suite 260 Tampa Fla 33618</b>
13-9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-10 NAME	
13-11 STREET ADDRESS	
13-12 CITY, ST, ZIP	
13-13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-14 NAME	
13-15 STREET ADDRESS	
13-16 CITY, ST, ZIP	

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 119.07(1)(b), Florida Statutes. I further certify that the information contained 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. 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 1, or Block 13, if changed, on an attached with an address.

SIGNATURE: *Dale F. Lewis*  
DATE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Dale F. Lewis**

5/11/95 (813) 962-6262