

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 26 AM 10:05**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P94000028009 (6)**

1. Corporation Name  
**2501, INCORPORATED**

Principal Place of Business      Mailing Address  
**2501 W. BUSCH BLVD.  
TAMPA**                                      **2501 W. BUSCH BLVD.  
TAMPA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/13/1994**                                      **4/13/94**

4. FEI Number      Applied For  
**267-89-1824**                                       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 <b>4701 W Alva St.</b>	26 <b>4701 W Alva</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Suite A</b>	27 <b>Suite A</b>
City & State	City & State
23 <b>Tampa FL</b>	28 <b>Tampa FL</b>
Zip	Zip
24 <b>33614</b>	29 <b>33614</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**RICE, ROBERT G  
5002 TERRACE VILLAGE LANE  
TAMPA FL 33617**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
<b>7712 Downing Circle</b>
83
84 City
<b>Tampa</b>
85 Zip Code
<b>FL 33610</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, ROBERT G</b>	1.2 NAME	
STREET ADDRESS	<b>5002 TERRACE VILLAGE LANE</b>	1.3 STREET ADDRESS	<b>7712 Downing Circle</b>
CITY - ST - ZIP	<b>TAMPA FL 33617</b>	1.4 CITY - ST - ZIP	<b>Tampa FL 33610</b>
TITLE	<b>VS</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAY, DARLENE C</b>	2.2 NAME	
STREET ADDRESS	<b>5002 TERRACE VILLAGE LANE</b>	2.3 STREET ADDRESS	<b>7712 Downing Circle</b>
CITY - ST - ZIP	<b>TAMPA FL 33617</b>	2.4 CITY - ST - ZIP	<b>Tampa FL 33610</b>
TITLE	<b>T</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, ANNE</b>	3.2 NAME	
STREET ADDRESS	<b>34408 HWY 54 WEST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ZEPHYRHILLS FL 33599</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ **8/20/95** **877-4652**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Date/Phone #