

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 11 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001536093
-07/12/95--01079--004
***\$225.00 ***\$225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P94000059102 (1)**

1. Corporation Name
ANCLOTE LANDINGS, INC.

Principal Place of Business
**11706 U.S. HIGHWAY 301 NORTH
THONOTOSASSA FL 33592**

Mailing Address
**11706 U.S. HIGHWAY 301 NORTH
THONOTOSASSA FL 33592**

3. Date Incorporated or Qualified
08/08/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FBI Number

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

24 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWE, CINDY L
11706 U.S. HIGHWAY 301 NORTH
THONOTOSASSA FL 33592**

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **PHILLIPS, A. BURT**
STREET ADDRESS **1002 HARBOUR ISLAND BLVD., #1502**
CITY- ST- ZIP **TAMPA FL 33602**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE **D**
NAME **LINDIAKOS, MANUEL N**
STREET ADDRESS **113 W. CEDAR STREET**
CITY- ST- ZIP **TARPON SPRINGS FL 34689**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE **D**
NAME **BARNHARDT, HARRY V**
STREET ADDRESS **10905 HIGHVIEW DRIVE**
CITY- ST- ZIP **DADE CITY FL 33525**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

6/29/95 (813) 986-2720
Layton Price