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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S25271 (5)
1. Corporation Name
3-T INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2256 WINTER WOODS BLVD
WINTER PARK FL 32792**

Mailing Address
**2256 WINTER WOODS BLVD
WINTER PARK FL 32792**

3. Date Incorporated or Qualified
01/16/1991

3a. Date of Last Report
04/22/1994

2. Principal Place of Business 21 2250 WINTER WOODS BLVD.		2a. Mailing Address 26 2250 WINTER WOODS BLVD.		4. FEI Number 59-3048776		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State 23 WINTER PARK, FL		City & State 28 WINTER PARK, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip 24 32792	Country 25 US	Zip 29 32792	Country 30 US	8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent AMANDA T. VOLENCE 2256 WINTER WOODS BLVD. WINTER PARKS FL 32792				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 2250 WINTER WOODS BLVD.			
				83 WINTER PARK, FL 32792			
				84 City		85 Zip Code	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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD VOLENCE, AMANDA T. 2256 WINTER WOODS BLVD. WINTER PARK FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2250 WINTER WOODS BLVD. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VPD TOMPKINS, KEVIN W 2249 TAMIERINE ST WINTER PARK FL	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100001477931 -05/08/95--01009-016 Addition ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD TOMPKINS, DEREK W 2249 TAMERINE ST WINTER PARK FL	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5/1/95 MBS
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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, changed or on an attachment with an address.

SIGNATURE: *Amanda Volence* **4/20/95 (407) 678-7442**
INDIVIDUAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR