

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PH 4:05

DOCUMENT # S30055 (5)

1. Corporation Name
LAMBON ENTERPRISES, INC.

Principal Place of Business Mailing Address
**P.O. BOX 5663 P.O. BOX 5663
SUN CITY CENTER FL 33571 SUN CITY CENTER FL 33571
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/05/1991** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3049360		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip	Country	Zip	Country	29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAMBON, RITA J. 1721 SURREY TR WIMAUMA FL 33598				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				B5 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBON, THOMAS L.	1.2 NAME	
STREET ADDRESS	1721 SURREY TR	1.3 STREET ADDRESS	
CITY - ST - ZIP	WIMAUMA FL 33598	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBON, RITA J.	2.2 NAME	
STREET ADDRESS	1721 SURREY TR	2.3 STREET ADDRESS	
CITY - ST - ZIP	WIMAUMA FL 33598	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	CLARK, DAVID
STREET ADDRESS		3.3 STREET ADDRESS	1721 SURREY TRAIL
CITY - ST - ZIP		3.4 CITY - ST - ZIP	WIMAUMA, FL 33598
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: Rita J. Lambon 4/10/95 (813)634-6345
RITA J. LAMBON