

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
HUBBARD H. WATKINS  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

95 MAY -1 PH 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S61775** (0)

TOM JOSEPHSON ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 9105 S.E. HWY. C-25 BELLEVUE FL 32620		2a. Mailing Address 9105 S.E. HWY. C-25 BELLEVUE FL 32620		3. Date Incorporated or Qualified 06/24/1991	3a. Date of Last Report 05/01/1994
2. Filing Office 21 12279 SE HWY 441 Suite #3 Bellevue, Fl. 34420-7503 Marion	2a. Mailing Address 26 12279 SE HWY 441 Suite #3 Bellevue, Fl. 34420-7503 Marion	4. FEI Number 59-2958089		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent JOSEPHSON, TOM 9105 S.E. HWY. C-25 BELLEVUE FL 34420		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83 City	
84 State		85 Zip Code		FL	

11. I, the undersigned, being duly sworn, depose and say that I am the duly authorized officer of the corporation named herein and that the information furnished herein is true and correct to the best of my knowledge and belief. I am a resident of the State of Florida and I am duly qualified to execute this report as required by Chapter 199, Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																																												
<table border="1"> <tr> <td>NAME</td> <td>DPT JOSEPHSON, TOM</td> </tr> <tr> <td>STREET ADDRESS</td> <td>9105 SE HWY. C-25</td> </tr> <tr> <td>CITY</td> <td>BELLEVUE FL</td> </tr> <tr> <td>STATE</td> <td>VS</td> </tr> <tr> <td>NAME</td> <td>JOSEPHSON, LISA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>9105 SE HWY. C-25</td> </tr> <tr> <td>CITY</td> <td>BELLEVUE FL</td> </tr> </table>	NAME	DPT JOSEPHSON, TOM	STREET ADDRESS	9105 SE HWY. C-25	CITY	BELLEVUE FL	STATE	VS	NAME	JOSEPHSON, LISA	STREET ADDRESS	9105 SE HWY. C-25	CITY	BELLEVUE FL	<table border="1"> <tr> <td>1. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2. STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3. CITY</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4. STATE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5. ZIP CODE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>7. STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>8. CITY</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>9. STATE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>10. ZIP CODE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4. STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5. ZIP CODE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	7. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	8. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition	9. STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	10. ZIP CODE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I am a resident of the State of Florida and I am duly qualified to execute this report as required by Chapter 199, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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. This return or Supplemental Report, if required by Chapter 199, Florida Statutes, and that my name appears on the list of Officers and Directors of the corporation with an address.

SIGNATURE: *Tom Josephson*  
SIGNATURE AND TYPE IN PRINT OF SIGNING OFFICER OR DIRECTOR

4-22-95 904-245-7672