

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
 AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, BUSINESS AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION
 ANNUAL REPORT
 1995



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

FILED

1995 JUL 11 AM 10:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S71103 (3)

1. Corporation Name
 4T ENTERPRISES, INC.

Principal Place of Business Mailing Address
 14720 EAST C.R. 318 14720 EAST C.R. 318
 FT. MCCOY FL 32134 FT. MCCOY FL 32134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/06/1991
 3a. Date of Last Report 05/01/1994

2. Principal Place of Business 2a. Mailing Address
 21 10777 E. St. Rd. 40 26 10777 E. St. Rd. 40
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Silver Springs, FL 27 Silver Springs, FL
 City & State City & State
 23 34488 28 34488
 Zip Country Zip Country
 24 25 MORLON 29 30 MARION

4. FEI Number 59-3077472 Applied For 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
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 TODD, EDWARD B.
 14720 EAST C.R. 316
 FT. MCCOY FL 32134

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DPT
NAME	TODD, EDWARD B.
STREET ADDRESS	14720 E CR 316
CITY - ST - ZIP	FT. MCCOY FL
TITLE	DVP
NAME	TODD, MARY LOU
STREET ADDRESS	14720 E CR 316
CITY - ST - ZIP	FT. MCCOY FL
TITLE	DS
NAME	TODD, LOUIS B.
STREET ADDRESS	14720 E CR 316
CITY - ST - ZIP	FT. MCCOY FL
TITLE	S
NAME	TODD, MARY LOU
STREET ADDRESS	14720 E CR 316
CITY - ST - ZIP	FT MCCOY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10777 E. St. Rd. 40
1.4 CITY - ST - ZIP	Silver Springs, FL 34488
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10777 E. St. Rd. 40
2.4 CITY - ST - ZIP	Silver Springs, FL 34488
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10777 E. St. Rd. 40
3.4 CITY - ST - ZIP	Silver Springs, FL 34488
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	10777 E. St. Rd. 40
4.4 CITY - ST - ZIP	Silver Springs, FL 34488
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(4), 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: Edward B. Todd 7-5-95 904-236-5781
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (3/95)