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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:02

DOCUMENT # **V46539** **(5)**

1. Corporation Name
ALL FLORIDA AUCTIONS, INC.

Principal Place of Business	Mailing Address
358 N. ORCHID DRIVE ELLENTON FL 34222	358 N. ORCHID DRIVE ELLENTON FL 34222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1992	3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0343000	☐ 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
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 343 6TH AVE WEST	26 358 N ORCH. D DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BRADENTON FL	28 City & State: ELLENTON FL
24 Zip: 34205	25 County: USA
29 Zip: 34222	30 County: MANATEE

9. Name and Address of Current Registered Agent

HERRON, BRIAN M
358 N. ORCHID DRIVE
ELLENTON FL 34222

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HERRON, BRIAN	12 NAME	
STREET ADDRESS	358 N. ORCHID DRIVE	13 STREET ADDRESS	
CITY ST ZIP	ELLENTON FL 34222	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HERRON, DIANNA C	22 NAME	
STREET ADDRESS	358 N ORCHID DR	23 STREET ADDRESS	
CITY ST ZIP	ELLENTON FL 34222	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SWANSON, ROBERT	32 NAME	
STREET ADDRESS	2504 PALMA SOLA BLVD	33 STREET ADDRESS	
CITY ST ZIP	BRADENTON, FL 34209	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SWANSON, SUSAN	42 NAME	
STREET ADDRESS	2504 PALMA SOLA BLVD.	43 STREET ADDRESS	
CITY ST ZIP	BRADENTON, FL 34209	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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 added on an attachment with an address.

SIGNATURE: _____ BRIAN M HERRON 813 747-3045
(Signature) (Typed or Printed Name of Signing Officer or Director) (Title) (Daytime Phone #)

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