

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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:56

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P930000017576

1. Corporation Name
ELLIS & ELLIS Associates, INC (E², INC)

Principal Place of Business Mailing Address
**1228 7th Ave South PO Box 12644
St. Petersburg Fla St Pck, Fla
33705 33733-2644**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21	26	59-318-3728	1994
22 Sute, Apt #, etc	27 Sute, Apt #, etc	5. Certificate of Status Desired	Applied For
23 City & State	28 City & State	<input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
		B1 Name	BENJAMIN D. ELLIS, SR		
		B2 Street Address (P.O. Box Number is Not Acceptable)	1228 7th Ave South (a)		
		B3	POB 12644 (M)		
		B4 City	St. Petersburg	B5 FL	B6 Zip Code 33733-2644

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: *Benjamin D. Ellis, Sr* DATE: 5/15/95
Signature (typed or printed name of registered agent and address of agent) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTRAIL BING- ELLIS	1.2 NAME	
STREET ADDRESS	1228 7th Ave South	1.3 STREET ADDRESS	
CITY- ST- ZIP	St. Pck Fla 33705	1.4 CITY- ST- ZIP	
TITLE	President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN D. ELLIS, SR	2.2 NAME	
STREET ADDRESS	1228 7th Ave South	2.3 STREET ADDRESS	
CITY- ST- ZIP	St Pck, Fla 33705	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
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 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Benjamin D. Ellis, Sr* **President** DATE: 5/15/95 **(B13)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **898-1158**
BENJAMIN D. ELLIS, SR