

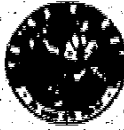
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 353788 (3)

**1. Corporation Name
ROY'S PLACE OF STENHATCHEE, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
HIGHWAY 301 & RIVERSIDE DR.
P.O. DRAWER D.
STENHATCHEE FL 32359

Mailing Address
HIGHWAY 301 & RIVERSIDE DR.
P.O. DRAWER D.
STENHATCHEE FL 32359

3. Date Incorporated or Qualified 10/10/1969 **3a. Date of Last Report** 04/08/1994

2. Principal Place of Business **2a. Mailing Address**

4. FEI Number 59-1274638 **Applied For** Not Applicable

21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State **27** City & State

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

23 Zip **28** Zip

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Country **25** Country **29** Country **30** Country

9. Name and Address of Current Registered Agent
KARAGEORGE, ROY
RIVERSIDE DRIVE
POST OFFICE DRAWER D
STENHATCHEE FL 32359

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** 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 _____ **DATE** _____
Signature, hand or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KARAGEORGE, CORINE
STREET ADDRESS	RIVERSIDE DR
CITY-ST-ZIP	STENHATCHEE FL
TITLE	VST
NAME	KARAGEORGE, GEORGE
STREET ADDRESS	RIVERSIDE DR.
CITY-ST-ZIP	STENHATCHEE FL
TITLE	ST
NAME	KARAGEORGE, GEORGE
STREET ADDRESS	RIVERSIDE DR.
CITY-ST-ZIP	STENHATCHEE 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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)(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: Corine Karageorge Corine Karageorge 4/19/95 (60498-500)
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR