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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:29

DOCUMENT # **179109** **(4)**

1. Corporation Name
FLORIDA INVESTORS, INC.

Principal Place of Business	Mailing Address
~~XXX PLACE BLVD SUITE XXX~~ ~~TAMPA FL 33602~~ 5601 MARINER ST #200 TAMPA FL 33609	5601 MARINER STREET #200 TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/09/1954	01/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **59-6077798** ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RYALS, LESTER J. 5601 MARINER ST., STE. 200 TAMPA FL 33609	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 Lester J. Ryals 1-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FENDING, CHARLES J	1.2 NAME	
STREET ADDRESS	3614 KENNEDY BLVD. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEAU, JANE P.	2.2 NAME	
STREET ADDRESS	1022 FRANKLAND RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, G. LOWE	3.2 NAME	
STREET ADDRESS	3311 W. SAN JOSE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ROSE	4.2 NAME	
STREET ADDRESS	1513 RIVRE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	RYALS, LESTER	5.2 NAME	
STREET ADDRESS	5601 MARINER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PARRISH, DAVID	6.2 NAME	
STREET ADDRESS	4520 LUMB AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	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)(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 on an attachment with an address.

SIGNATURE: Lester J. Ryals 1-18-95 (813) 28[illegible]-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LESTER J. RYALS

0294102 CP