

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 28 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 180169 (5)

1. Corporation Name
MINGO, INC.

Principal Place of Business 1884 RIVER ROAD P.O. BOX 5824 JACKSONVILLE FL 32207	Mailing Address 1884 RIVER ROAD P.O. BOX 5824 JACKSONVILLE FL 32207
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 2433 Segovia Ave. Suite, Apt. #, etc. 22 Jacksonville, FL 32217 City & State	2a. Mailing Address 26 2433 Segovia Ave. Suite, Apt. #, etc. 27 Jacksonville, FL 32217 City & State	3. Date Incorporated or Qualified 08/20/1954	3a. Date of Last Report 03/24/1994	4. FEI Number 59-0760883	Applied For Not Applicable
23 Zip 24	Country 25	28 Zip 29	Country 30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				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

**OSSI, ALEXANDRA M
1884 RIVER RD
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name Ossi, Alexandra M	
82 Street Address (P.O. Box Number is Not Acceptable) 2433 Segovia Ave.	
83 Jacksonville, FL 32217	
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME MOORE, ADELE R	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1884 RIVER ROAD	CITY - ST - ZIP JACKSONVILLE, FL 00000	12 NAME	
		13 STREET ADDRESS	
		14 CITY - ST - ZIP	
TITLE SD	NAME OSSI, ALEXANDER M	21 TITLE Vice Pres., Secretary, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2433 SEGOVIA AVENUE	CITY - ST - ZIP JACKSONVILLE, FL 00000	22 NAME Ossi, Alexander M.	
		23 STREET ADDRESS 2433 Segovia Ave.	
		24 CITY - ST - ZIP Jacksonville, FL 32217	
TITLE D	NAME MOORE, PAULA M	31 TITLE President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1447 LOGAN CIRCLE	CITY - ST - ZIP MARIETTA, GA 00000	32 NAME Paula M. Barnes	
		33 STREET ADDRESS 1447 Logan Circle	
		34 CITY - ST - ZIP Marietta, GA 30062	
TITLE	NAME	41 TITLE Treasurer and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	42 NAME Madeline G. Moore	
		43 STREET ADDRESS 1244 Independence Way	
		44 CITY - ST - ZIP Marietta, GA 30062	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	62 NAME	
		63 STREET ADDRESS	
		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 110.07(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: *Alexandra M. Ossi (Sec. Mary)* 2/21/95 904 733 7991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALEXANDRA M. OSSI