

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 JUN -8 AM 9:50

DOCUMENT # 299333 (5)

1. Corporation Name
BIDDERS INC

Principal Place of Business
1600 N. ATLANTIC AVENUE
COCOA BEACH FL 32931-3229

Mailing Address
1600 N. ATLANTIC AVENUE
COCOA BEACH FL 32931-3229

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/02/1965
3a. Date of Last Report 06/28/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1110033		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		[X]			
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23		28		Trust Fund Contribution		[]	
Zip		Country		24		25	
29		30		b. This corporation has liability for intangible tax under s. 119.032, Florida Statutes			
[X] Yes				[] No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BIRKHEAD, THOMAS C 1600 N ATLANTIC AVE, COCOA BCH, FL PATRICK AFB FL 32925				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	[] Change [] Addition
NAME	BIRKHEAD, THOMAS C	12. NAME	
STREET ADDRESS	PO BOX 4504 N/A	13. STREET ADDRESS	
CITY - ST - ZIP	PATRICK AFB, FL 00000	14. CITY - ST - ZIP	
TITLE	TVD	2. TITLE	[] Change [] Addition
NAME	AMUNDSON, FLOYD A	22. NAME	
STREET ADDRESS	7316 CARRIAGE NE	23. STREET ADDRESS	
CITY - ST - ZIP	ALBUQUERQUE, N MEX 00000	24. CITY - ST - ZIP	
TITLE	SD	3. TITLE	[] Change [] Addition
NAME	BIRKHEAD, EUGENIA	32. NAME	
STREET ADDRESS	PO BOX 4504 N/A	33. STREET ADDRESS	
CITY - ST - ZIP	PATRICK AFB, FL 00000	34. CITY - ST - ZIP	
TITLE		4. TITLE	[] Change [] Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		5. TITLE	[] Change [] Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		6. TITLE	[] Change [] Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I 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: T.C. Birkhead T.C. BIRKHEAD. 5/31/95 407-793-7714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)