

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murphree  
Secretary of State  
1995 W. W. COMBES BLDG.

APPROVED  
AND  
FILED

DOCUMENT # **353568** (9)  
BUDD MAYER COMPANY OF TAMPA, INC.

55 MAY - 1 AM 5:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Principal Office Location <b>3444 MEMORIAL HWY TAMPA FL 33607 US</b>		2a. Mailing Address <b># ROBERT ERGER, B 3444 MEMORILA HWY TAMPA FL 33607 US</b>		3. Date Incorporated or Qualified <b>10/09/1969</b>		3a. Date of Last Report <b>05/01/1994</b>	
2. Principal Name of Business <b>21</b>	2b. Mailing Address <b>26 3444 MEMORIAL HWY.</b>		4. FEI Number <b>59-1272714</b>		Applied For <input type="checkbox"/> Not Applicable		
22 State Apt. # etc.		27 State Apt. # etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Zip	29 Zip	30 County	8. This corporation has liability for intangible tax under 5-180.02 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ERGER, ROBERT, B 3444 MEMORIAL HWY TAMPA FL 33607</b>				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 Zip Code	

11. Pursuant to the provisions of Tax Section 1361 and 1361B Florida Statutes, this agent affirmatively certifies the statement for the purpose of changing its registered office or registered agent is true and correct 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 a registered agent Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12-1 NAME <b>D FEILER, BARTON C</b>	12-2 STREET ADDRESS <b>3840 N 50TH ST TAMPA FL</b>	13-1 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	13-2 STREET ADDRESS <b>2930 BISCAYNE BLVD MIAMI FL 33137</b>
12-3 NAME <b>PD SUNDERLAND, MICHAEL C.</b>	12-4 STREET ADDRESS <b>3840 N 50TH ST TAMPA FL</b>	13-3 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	13-4 STREET ADDRESS <b>C. MICHAEL SUNDERLAND 3444 MEMORIAL HWY. TAMPA FL 33607</b>
12-5 NAME <b>ST ERGER, ROBERT B.</b>	12-6 STREET ADDRESS <b>3840 N 50TH ST TAMPA FL</b>	13-5 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	13-6 STREET ADDRESS <b>3444 MEMORIAL HWY TAMPA FL 33607</b>
12-7 NAME <b>V WOODS, WILLIAM F.</b>	12-8 STREET ADDRESS <b>3840 N 50TH ST TAMPA FL</b>	13-7 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	13-8 STREET ADDRESS <b>3444 MEMORIAL HWY TAMPA FL 33607</b>
12-9 NAME <b>D CHADWICK, JERROLD</b>	12-10 STREET ADDRESS <b>3840 N 50TH ST TAMPA FL</b>	13-9 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	13-10 STREET ADDRESS <b>610 LOMAX ST. JACKSONVILLE FL. 32204</b>
12-11 NAME	12-12 STREET ADDRESS	13-11 NAME	13-12 STREET ADDRESS
12-13 NAME	12-14 STREET ADDRESS	13-13 NAME	13-14 STREET ADDRESS

14. I, hereby certify that the information required with this filing is truthfully furnished and does not qualify for the exemption afforded by Section 111.02(1)(b), 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 receive this report as required by Chapter 605, Florida Statutes, and that my name appears on the back of this report or on an attachment with an address.

SIGNATURE: *Robert B. Erger* **ROBERT B. ERGER** 4/28/95 813)282-6900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR