

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

APPROVED
AND
FILED

95 APR 11 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **376528** (6)

1. Corporation Name
FIRST OF EUSTIS, INC.

Principal Place of Business Mailing Address
2801 SOUTH BAY STREET **2801 SOUTH BAY STREET**
P.O. BOX 1090 **P.O. BOX 1090**
EUSTIS FL 32727-1090 **EUSTIS FL 32727-1090**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
02/02/1971 **05/17/1994**

4. FEI Number Applied For
59-1511966 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

2. Principal Place of Business 2a. Mailing Address

21 26

Suits, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

SHEPHERD, DAVID M.
2801 S. BAY STREET
EUSTIS FL 32727

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

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

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 re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WINTERSDORF, WILLIAM
STREET ADDRESS	1404 N SINCLAIR AVE
CITY-ST-ZIP	TAVARES FL
TITLE	D
NAME	FURNAS, WILLIAM M.
STREET ADDRESS	505 LAKE GRACIE DR.
CITY-ST-ZIP	EUSTIS FL
TITLE	D
NAME	KIRKPATRICK, JOHN B JR
STREET ADDRESS	1801 BUENA VISTA DRIVE
CITY-ST-ZIP	EUSTIS, FL 0
TITLE	PDC
NAME	SHEPHERD, DAVID M
STREET ADDRESS	38909 SANDY LANE
CITY-ST-ZIP	LEESBURG FL
TITLE	D
NAME	WINDRAM, THOMAS J.
STREET ADDRESS	840 FAIRVIEW AVE
CITY-ST-ZIP	MT. DORA FL
TITLE	D
NAME	LAUBSCHER, LOUIS E
STREET ADDRESS	40 INTERLAKEN ROAD
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MEREDITH, BRADLEY R	
1.3 STREET ADDRESS	521 SPRING CREEK ROAD	
1.4 CITY-ST-ZIP	LONGWOOD FL 32779	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRICE, BRAXTON W MD	
3.3 STREET ADDRESS	P O BOX 0550	
3.4 CITY-ST-ZIP	EUSTIS FL 32727-0550	
4.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHEPHERD, DAVID M	
4.3 STREET ADDRESS	36909 SANDY LANE	
4.4 CITY-ST-ZIP	GRAND ISLAND FL 32735-8427	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DELETE ENTIRE ENTRY	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DELETE ENTIRE ENTRY	
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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment, as an addition.

SIGNATURE: *David M. Shepherd* 4/05/95 904-357-4171

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Title (Typed Name)

David M. Shepherd, President/CEO