

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 1:54

DOCUMENT # 397814 (5)

1. Corporation Name
MSF MANAGEMENT CORP.

Principal Place of Business
**3300 S.W. 34TH AVENUE
P.O. BOX 280
OCALA FL 32678-7280**

Mailing Address
**3300 S.W. 34TH AVENUE
P.O. BOX 280
OCALA FL 32678-7280**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/21/1972** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-14 18018** 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

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
**REIMER, RODERICK
3300 SW 34TH AVE
PO BOX 280 280 <34474>
OCALA FL 34478**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	VST
NAME	PARKER, DAVID W
STREET ADDRESS	3300 SW 34TH AVE
CITY - ST - ZIP	OCALA FL
TITLE	DC
NAME	CLARDY, JOHN S.
STREET ADDRESS	3300 SW 34TH AVE
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	CLEMMONS, W. ELTON
STREET ADDRESS	3300 SW 34TH AVE
CITY - ST - ZIP	OCALA FL
TITLE	VAS
NAME	MUSSELMAN, ROD W.
STREET ADDRESS	3300 SW 34TH AVE
CITY - ST - ZIP	OCALA FL
TITLE	P
NAME	REIMER, RODERICK
STREET ADDRESS	3300 SW 34TH AVENUE
CITY - ST - ZIP	OCALA FL
TITLE	VP
NAME	DAVIS, CAROLINE
STREET ADDRESS	3300 SW 34TH AVE
CITY - ST - ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 119.07(3)(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 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: *Roderick A. Reimer* **4/13/95** **904-254-4140**
Typed and typed or printed name of signing officer or director (Date) (Business Hours)