

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:35

DOCUMENT # 450551 (7)
1. Corporation Name
MALLARD DEVELOPMENT CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3635 HIGHWAY 92 EAST 3635 HIGHWAY 92 EAST
P. O. BOX 1326 P. O. BOX 1326
EATON PARK FL 33840 EATON PARK FL 33840

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/17/1974 3a. Date of Last Report 08/15/1994
4. FEI Number 59-1614646 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEAR, CHRISTOPHER M
202 EAST WALNUT ST
LAKELAND FL 33801

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

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 V
NAME TOWNSON, DAVID M.
STREET ADDRESS 1128 SANDPIPER CT
CITY - ST - ZIP LAKELAND FL
TITLE ST
NAME KENYON, RITA B.
STREET ADDRESS 1014 HUNT AVE
CITY - ST - ZIP LAKELAND, FL 00000
TITLE P
NAME TOWNSON, RONNIE N
STREET ADDRESS 1128 SANDPIPER CT
CITY - ST - ZIP LAKELAND FL
TITLE V
NAME KENYON, ROBERT P.
STREET ADDRESS 1014 HUNT AVENUE
CITY - ST - ZIP LAKELAND FL
TITLE D
NAME TOWNSON, RONNIE N
STREET ADDRESS 1128 SANDPIPER CT
CITY - ST - ZIP LAKELAND FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP
2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP
3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP
4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP
5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP
6 1 TITLE Change 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rita B. Kenyon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rita B. Kenyon, Sec-Treas

4/28/95 813-665-214/
Date (Type in Pencil)