

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

**APPROVED
AND
FILED**

95 JUL 14 AM 8:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name SDB LIQUIDATING CORP.		DOCUMENT # 518366 (0)	

Mailing Address	Principal Place of Business
11899 90TH AVE N SEMINOLE FL 34642	11899 90TH AVE N SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/12/1976		3a. Date of Last Report 05/01/1993	
21. Mailing Address		25. Principal Place of Business	
22. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
23. City & State		27. City & State	
24. Zip		28. Zip	
25. Country		29. Country	
4. FEI Number 59-1724613		Applied For Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAYES, SHAWN D. 2137 FOWLER ST. FT. MYERS FL 33901				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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P/D/S	BAYES, SHAWN D.		1.1 TITLE			
1.2 NAME		11899 90TH AVE. N.		1.2 NAME			
1.3 STREET ADDRESS		SEMINOLE FL		1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP				1.4 CITY - ST - ZIP			
2.1 TITLE	V/T/D	LAWTON ANDY		2.1 TITLE	V.S.D.T		
2.2 NAME		499 CHERRY AVE., N.E.		2.2 NAME	PEGGY DESPER		
2.3 STREET ADDRESS		CANTON OH		2.3 STREET ADDRESS	2137 FOWLER ST		
2.4 CITY - ST - ZIP				2.4 CITY - ST - ZIP	FT MYERS FL 33901		
3.1 TITLE				3.1 TITLE		400001540034	
3.2 NAME				3.2 NAME		-07/18/95--01075--009	
3.3 STREET ADDRESS				3.3 STREET ADDRESS		****225.00 ****225.00	
3.4 CITY - ST - ZIP				3.4 CITY - ST - ZIP			
4.1 TITLE				4.1 TITLE			
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP				4.4 CITY - ST - ZIP			
5.1 TITLE				5.1 TITLE			
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP				5.4 CITY - ST - ZIP			
6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP				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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 467 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **6/30/95** **8133320404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR