


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

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AND  
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**95 JUL 14 AM 8:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

Mailing Address	Principal Place of Business
<b>11899 90TH AVE N SEMINOLE FL 34642</b>	<b>11899 90TH AVE N SEMINOLE FL 34642</b>

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.		3. Date Incorporated or Qualified <b>11/12/1976</b>	3a. Date of Last Report <b>05/01/1993</b>
2. Mailing Address <b>21</b>	2a. Principal Place of Business <b>26</b>	4. FEI Number <b>59-1724613</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
City & State <b>23</b>	City & State <b>28</b>	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
9. Name and Address of Current Registered Agent		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 <b>BAYES, SHAWN D. 2137 FOWLER ST. FT. MYERS FL 33901</b>		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		FL	

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	1.1 TITLE	
1.2 NAME	BAYES, SHAWN D.	1.2 NAME	
1.3 STREET ADDRESS	11899 90TH AVE. N.	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	SEMINOLE FL	1.4 CITY - ST - ZIP	
2.1 TITLE	V/T/D	2.1 TITLE	V.S.D.T
2.2 NAME	LAWTON ANDY	2.2 NAME	PEGGY DESPER
2.3 STREET ADDRESS	499 CHERRY AVE., N.E.	2.3 STREET ADDRESS	2137 FOWLER ST
2.4 CITY - ST - ZIP	CANTON OH	2.4 CITY - ST - ZIP	FT MYERS FL 33901
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **813 3370 404**  
(Title) (Signature Printed)