

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 12: 02

DOCUMENT # 553412 (8)
1. Corporation Name
COLWIL CORP.

Principal Place of Business: 1835 BRYAN AVE WINTER PARK FL 32789
Mailing Address: 1835 BRYAN AVE WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation in Florida: 12/09/1977
3a. Date of Last Report: 05/17/1994
4. F.I. Number: 59-1787936
Applied For New Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. The corporation has liability for intangible tax under S. 100.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22 State, Apt. #, etc.: 27
23 City & State: 28
24 Zip: 25 Country: 29

9. Name and Address of Current Registered Agent
BARTON, MARY K.
1835 BRYAN AVE
WINTER PARK FL 32789

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: *Mary K. Barton Sec/Treas* DATE: 1/25/95

12. OFFICERS AND DIRECTORS

12.1 TITLE	ST
12.2 NAME	BARTON, MARY K.
12.3 STREET ADDRESS	1835 BRYAN AVE
12.4 CITY-ST-ZIP	WINTER PARK FL
12.5 TITLE	PV
12.6 NAME	COLSON, JOHN C., III
12.7 STREET ADDRESS	1835 BRYAN AVE
12.8 CITY-ST-ZIP	WINTER PARK FL
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY-ST-ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-ST-ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-ST-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-ST-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 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 Sections 119.07(9)(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 appointed to execute this report as required by Chapter 149, Florida Statutes, and that my name appears on Block 12 or Block 13 of this form, or on an attached form with an addition.

SIGNATURE: *Mary K. Barton Sec/Treas* DATE: 1/25/95 (407) 647-3100