

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **647772** (3)

1. Corporation Name

LMING DEVELOPMENTS, INC.

Principal Place of Business

18271 SW 95TH STREET
P.O. BOX 746
DUNNELLON FL 32630

Mailing Address

18271 SW 95TH STREET
P.O. BOX 746
DUNNELLON FL 32630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/11/1979**
3a. Date of Last Report: **02/07/1994**

4. FEI Number: **59-1960382**
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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
22 Suite, Apt #, etc		27 Suite, Apt #, etc	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**ROBERTS, EDGAR S.
606 S.W. 2ND AVE.
OCALA FL 32671**

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, 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

Edgar S. Roberts

Pres

3-15-95

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	ROBERTS, TERRY
STREET ADDRESS	450 SW 210TH AVENUE
CITY ST ZIP	DUNNELLON FL
TITLE	ST
NAME	ROBERTS, MAMIE
STREET ADDRESS	606 S.W. 2ND AVE
CITY ST ZIP	OCALA FL
TITLE	P
NAME	ROBERTS, EDGAR S
STREET ADDRESS	606 S W 2ND AVE
CITY ST ZIP	OCALA FL
TITLE	V
NAME	ROBERTS, KENNETH
STREET ADDRESS	4041 S.E. 17 STREET
CITY ST ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(2)(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 on request by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, in an annual statement with an address.

SIGNATURE:

Edgar S. Roberts

3-15-95

Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Title

647772

Paul E. Wilson Jr., P.A.
CERTIFIED PUBLIC ACCOUNTANT

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

21 S.E. Wenona Avenue / Ocala, FL 34471-2264 / 904-629-8074
FAX: 904-629-9694

Paul E. Wilson, Jr., CPA

April 4, 1995

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, FL 32302-1500

Dear Sir:

Please find enclosed the following form:

CORPORATION ANNUAL REPORT - 1995

LIVING DEVELOPMENTS, INC. - Check Enclosed

Please acknowledge, date and stamp receipt of same on duplicate copy
of this letter and return to me for my files.

Very truly yours,



Paul E. Wilson, Jr.
Certified Public Accountant

PEW/dp
enc