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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **658080** **(7)**

1. Corporate Name
LOWELL T. FREEMAN AND ASSOCIATES, INC.

Principal Place of Business
3010 EUCLID AVE
PO BOX 13493
TAMPA FL 33629
US

Mailing Address
3010 EUCLID AVE
PO BOX 13493
TAMPA FL 33629
US

3. Date Incorporated (Organized) **03/05/1980**
3a. Date of Last Report **05/01/1994**

2. Principal Place of Business
21 3010 EUCLID AVE
22 Suite Apt. #
23 City, State TAMPA, FL
24 Zip 33629 25 Country US

2a. Mailing Address
26 P.O.BOX 13493
27 Suite Apt. #
28 City, State TAMPA, FL
29 Zip 33681 30 Country US

4. FEI Number **59-1979585** Applied For / Not Applicable

5. Certificate of State Issued [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Does corporate net income be allocated under Section Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent
FREEMAN, LOWELL T.
3010 EUCLID AVENUE
TAMPA FL 33629

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 Section 607.0505, 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. Hereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

TITLE	V
NAME	FREEMAN, ANITA L
STREET ADDRESS	3010 EUCLID AVE
CITY, ST, ZIP	TAMPA, FL 00000
TITLE	PD
NAME	FREEMAN, LOWELL T
STREET ADDRESS	3010 EUCLID AVE
CITY, ST, ZIP	TAMPA, FL 00000
TITLE	S
NAME	FREEMAN, LOWELL T
STREET ADDRESS	3010 EUCLID AVE
CITY, ST, ZIP	TAMPA, FL 00000

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE		[X] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP	TAMPA, FL 33629	
TITLE		[X] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP	TAMPA, FL 33629	
TITLE		[X] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP	TAMPA, FL 33629	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information contained herein, including any and all changes, is true and accurate to the best of my knowledge, information and belief. I further certify that I am a duly elected officer of the corporation or a director or agent of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached amendment, or on a separate document with an address.

SIGNATURE: Anita L. Freeman Anita L. Freeman 4/10/95 (813) 839-5528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone

0001465 CP