

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703167 (7)

1. Corporation Name

THE FLORIDA COUNCIL OF 100, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 045 - BAYPORT PLAZA
TAMPA FL 33607**

3. Date Incorporated or Qualified **11/09/1961** 3a. Date of Last Report **03/28/1994**
4. FEI Number **59-0931034** Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22 City & State	27 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLEMING, O'BRYAN & FLEMING, PA
500 E BROWARD BLVD 7TH FLOOR
FT LAUDERDALE FL 33394**

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

Signatures, typed or printed name of registered agent and one if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNIS, RICHARD A.	1.2 NAME	Nunis, Richard A.
STREET ADDRESS	1375 BUENA VISTA DR.	1.3 STREET ADDRESS	1375 Buena Vista Drive
CITY-ST-ZIP	LAKE BUENA VISTS FL	1.4 CITY-ST-ZIP	Lake Buena Vista, FL
TITLE	D	2.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICE, CHARLES E.	2.2 NAME	Turley, Stewart
STREET ADDRESS	50 N LAURA ST	2.3 STREET ADDRESS	8333 Bryan Dairy Road
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Largo, FL
TITLE	CD	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITCHFIELD, JACK B	3.2 NAME	Critchfield, Jack
STREET ADDRESS	1 PROGRESS PLAZA	3.3 STREET ADDRESS	1 Progress Plaza
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, LOUIS E.	4.2 NAME	
STREET ADDRESS	4545 PLEASANT HILL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE FL	4.4 CITY-ST-ZIP	
TITLE	EDS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, D CRAIG	5.2 NAME	
STREET ADDRESS	STE 045 BAYPORT PLZ	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 further certify that the information included 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 as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if I have an appointment with an address.

SIGNATURE:

5-27-95 813/289-9280

PRINTED NAME AND TYPE OF POSITION OF BOARD OFFICER OR DIRECTOR

Date

Office Phone #