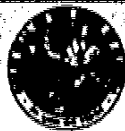


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752006

(7)

1. Corporation Name

INNERSPACE EXPLORERS, INC.

Principal Place of Business

Mailing Address

3811 N. OAK DRIVE, #E-12
TAMPA FL 33602

3811 N. OAK DRIVE, #E-12
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1980

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2080313

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$0.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P O Box 1681

23 City & State

27 City & State

TAMPA, FL

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, JOHN S.
3811 N. OAK DR., E-12
TAMPA FL 33611

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALKER, JOHN
STREET ADDRESS	3811 N. OAK DR., #E-12
CITY-ST-ZIP	TAMPA
TITLE	DP
NAME	LAX, PEGGY
STREET ADDRESS	3420 MESTER DR
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	DT
NAME	PARKS, SALLY
STREET ADDRESS	715 71ST AVE.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	DS
NAME	FOY, VICKI
STREET ADDRESS	13 UNDINE DR.
CITY-ST-ZIP	THONOTOSASSA FL
TITLE	DT
NAME	MENDENHALL, JEFF
STREET ADDRESS	8022 N. PADDOCK
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	BENNETT, TOM
STREET ADDRESS	515 OAKHURST ST
CITY-ST-ZIP	BRANDON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	DP CHARLIE MAYS
3.3 STREET ADDRESS	4006 SHADOW HILL LANE
3.4 CITY-ST-ZIP	VALRICO, FL 33594
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	DP LILLIAN KENNEY
4.3 STREET ADDRESS	7147 TRENTON PLACE
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	DT CAROLYN SHELLY
6.3 STREET ADDRESS	13303 CONNERSVILLE BLVD
6.4 CITY-ST-ZIP	TAMPA, FL 33612

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 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 as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John S. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN S WALKER 4-28-95 813-274-8671
Date Signature #