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

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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<br>TAMPA FL 33602 | 3811 N. OAK DRIVE. #E-12<br>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 ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$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 | 26 PO Box 1681 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 TAMPA, FL |
| 24 Zip 33611 / 25 Country | 29 Zip 33601 / 30 Country |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WALKER, JOHN | 1.2 NAME | | |
| STREET ADDRESS | 3811 N. OAK DR., #E-12 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA | 1.4 CITY-ST-ZIP | | |
| TITLE | DP | 2.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | LAX, PEGGY | 2.2 NAME | | |
| STREET ADDRESS | 3420 MESTER DR | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | 2.4 CITY-ST-ZIP | | |
| TITLE | DT | 3.1 TITLE | DP CHARLIE MAYS | ☐ Change ☑ Addition |
| NAME | PARKS, SALLY | 3.2 NAME | | |
| STREET ADDRESS | 715 71ST AVE. | 3.3 STREET ADDRESS | 4006 SHADOW HILL LANE | |
| CITY-ST-ZIP | ST PETERSBURG FL | 3.4 CITY-ST-ZIP | VALRICO, FL 33594 | |
| TITLE | DS | 4.1 TITLE | DV LILLIAN KENNEY | ☐ Change ☑ Addition |
| NAME | FOY, VICKI | 4.2 NAME | | |
| STREET ADDRESS | 13 UNDINE DR. | 4.3 STREET ADDRESS | 7147 TRENTON PLACE | |
| CITY-ST-ZIP | THONOTOSASSA FL | 4.4 CITY-ST-ZIP | NEW PORT RICHEY, FL 34653 | |
| TITLE | DT | 5.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | MENDENHALL, JEFF | 5.2 NAME | | |
| STREET ADDRESS | 6022 N. PADDOCK | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | DT | ☐ Change ☑ Addition |
| NAME | BENNETT, TOM | 6.2 NAME | CAROLYN SHELLY | |
| STREET ADDRESS | 515 OAKHURST ST | 6.3 STREET ADDRESS | 13303 CONNERSVILLE BLVD | |
| CITY-ST-ZIP | BRANDON FL | 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 119.07(3)(i), 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 617, 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 4-28-95 813-274-8671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000404