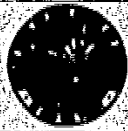


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 19 AM 8:10

DOCUMENT # 761164 (3)
1. Corporation Name
THE S.B.C. 6654, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8080 W ATLAS DR HOMOSASSA FL 34446 US	Mailing Address PO BOX 1418 HOMOSASSA SPRINGS FL 34447 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/17/1981	3a. Date of Last Report 02/21/1994
4. FEI Number 59-2629788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OBERT, FATHER MARTIN D.
7040 S SUNCOAST BLVD
HOMOSASSA FL 34446**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

TITLE PD	NAME PERRY, RAYMOND J
STREET ADDRESS 5705 S SYLVIA PT	CITY-ST-ZIP HOMOSASSA FL 34446
TITLE VD	NAME MATTINGLY, CHARLES E
STREET ADDRESS 4344 W GLENN ST	CITY-ST-ZIP LECANTO FL 34481
TITLE DY	NAME MCCAULEY, ARTHUR
STREET ADDRESS 32A CYPRESS RUN	CITY-ST-ZIP HOMOSASSA FL 34446
TITLE RD	NAME WEBB, HOMER
STREET ADDRESS 5225 W SHAKER PL	CITY-ST-ZIP LECANTO FL 34481
TITLE P	NAME NEARY, JAMES
STREET ADDRESS 51 GREENTREE STR	CITY-ST-ZIP HOMOSASSA FL
TITLE D	NAME PEARSALL, DONALD
STREET ADDRESS 34 PAGODA DR	CITY-ST-ZIP HOMOSASSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME NADOLNY, FRANK S.	
1.3 STREET ADDRESS 10455 S. SUNCOAST BLVD LOT # 77	
1.4 CITY-ST-ZIP HOMOSASSA, FL 34446	
2.1 TITLE V/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME PEARSALL, DONALD	
2.3 STREET ADDRESS 34 PAGODA DR.	
2.4 CITY-ST-ZIP HOMOSASSA, FL 34446	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME RIOPEL, CHRIS	
4.3 STREET ADDRESS 5209 S. FOREST TERR.	
4.4 CITY-ST-ZIP HOMOSASSA, FL 34446	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME NEARY, JAMES	
5.3 STREET ADDRESS 51 GREENTREE ST.	
5.4 CITY-ST-ZIP HOMOSASSA, FL 34446	
6.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME GUERTIN, RAOUL	
6.3 STREET ADDRESS 33 BIRCH TREE ST.	
6.4 CITY-ST-ZIP HOMOSASSA, FL 34446	

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)(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 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: *Frank S. Nadolny*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **904-382-5693**
Write Here