

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

51-95 B-5160
CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:24

DOCUMENT # **F13440** (5)
1. Corporation Name
ZANADU, INC.

Principal Place of Business Mailing Address
3145 5TH AVENUE NORTH **3145 5TH AVENUE NORTH**
P O BOX 14004 **P O BOX 14004**
ST PETERSBURG FL 33733 **ST PETERSBURG FL 33733**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1981	3a. Date of Last Report 05/01/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2074635	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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		10. Name and Address of New Registered Agent	
81 Name GRIMES, A GENE		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 3145 5TH AVENUE NORTH		82 Street Address (P.O. Box Number is Not Acceptable)	
83		83	
84 City ST. PETERSBURG FL 33733		84 City	
85 Zip Code		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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEENEY, JOHN M	1.2 NAME	Decend
STREET ADDRESS	1700 34TH ST 30	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG, FL 33712	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKEY, FRANK	2.2 NAME	
STREET ADDRESS	606 MAGNOLIA DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER, FL 33526	2.4 CITY-STATE-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORDE, BARRY V	3.2 NAME	
STREET ADDRESS	631 CHESTNUT ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER, FL 33516	3.4 CITY-STATE-ZIP	
TITLE	MC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEISLER, EARLE S	4.2 NAME	
STREET ADDRESS	13240 BELCHER RD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LARGO, FL 33516	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIGGINS, ANTHONY C.	5.2 NAME	
STREET ADDRESS	P.O. BOX 1983, NA	5.3 STREET ADDRESS	
CITY-STATE-ZIP	LARGO FL	5.4 CITY-STATE-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, A GENE	6.2 NAME	
STREET ADDRESS	3145 5TH AVE NORTH	6.3 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG, FL 33733	6.4 CITY-STATE-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 119.07(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; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. GENE GRIMES

Date

4/24/95

Daytime Phone #