

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra R. Austin  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F20540**  
1. Corporation Name  
**ZENA CORPORATION**

**(3)**

Principal Place of Business  
**POST OFFICE BOX 807  
LARGO FL 34649-0807**

Mailing Address

**POST OFFICE BOX 807  
LARGO FL 34649-0807**

DO NOT WRITE IN THIS SPACE.

|                                                                                                   |                                                                     |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date incorporated or Qualified                                                                 | 3a. Date of Last Report                                             |
| <b>02/20/1981</b>                                                                                 | <b>02/23/1994</b>                                                   |
| 4. FIC Number                                                                                     | Applied For                                                         |
| <b>59-2155555</b>                                                                                 | Not Applicable                                                      |
| 5. Certificate of Status (checked)                                                                | \$6.75 Additional Fee Required                                      |
| <input checked="" type="checkbox"/>                                                               |                                                                     |
| 6. Election Campaign Financing Trust Fund Contribution                                            | \$5.00 May Be Added to Fees                                         |
| <input type="checkbox"/>                                                                          |                                                                     |
| 8. This corporation has liability for intrajurisdictional tax under S. 189.032, Florida Statutes. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Name and Address of New Registered Agent                                                      |                                                                     |

|                                                 |                        |
|-------------------------------------------------|------------------------|
| 2. Principal Place of Business                  | 2a. Mailing Address    |
| 21. City, Apt. #, etc.                          | 26. City, Apt. #, etc. |
| 22. Co. & State                                 | 27. Co. & State        |
| 23. Country                                     | 28. Country            |
| 24. Country                                     | 29. Country            |
| 9. Name and Address of Current Registered Agent |                        |

**LEES, RALPH C.  
2348 SUNSET POINT ROAD  
SUITE E  
CLEARWATER FL 34625**

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City                                               |              |
| 84. City                                               | <b>FL</b>    |

11. Pursuant to the provisions of Sections 607.05(2) and 607.1509, 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 \_\_\_\_\_

OFFICERS AND DIRECTORS

|                            |                                        |
|----------------------------|----------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                        |
| TITLE                      | <b>DPT</b>                             |
| NAME                       | <b>LEES, RALPH C</b>                   |
| STREET ADDRESS             | <b>2348 SUNSET POINT ROAD, SUITE E</b> |
| CITY, ST, ZIP              | <b>CLEARWATER FL 34625</b>             |
| TITLE                      |                                        |
| NAME                       |                                        |
| STREET ADDRESS             |                                        |
| CITY, ST, ZIP              |                                        |
| TITLE                      |                                        |
| NAME                       |                                        |
| STREET ADDRESS             |                                        |
| CITY, ST, ZIP              |                                        |
| TITLE                      |                                        |
| NAME                       |                                        |
| STREET ADDRESS             |                                        |
| CITY, ST, ZIP              |                                        |
| TITLE                      |                                        |
| NAME                       |                                        |
| STREET ADDRESS             |                                        |
| CITY, ST, ZIP              |                                        |

|                                                       |                                                              |
|-------------------------------------------------------|--------------------------------------------------------------|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                              |
| 1. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 2. NAME                                               |                                                              |
| 3. NAME                                               |                                                              |
| 4. NAME                                               |                                                              |
| 5. NAME                                               |                                                              |
| 6. NAME                                               |                                                              |
| 7. NAME                                               |                                                              |
| 8. NAME                                               |                                                              |
| 9. NAME                                               |                                                              |
| 10. NAME                                              |                                                              |
| 11. NAME                                              |                                                              |
| 12. NAME                                              |                                                              |
| 13. NAME                                              |                                                              |
| 14. NAME                                              |                                                              |
| 15. NAME                                              |                                                              |
| 16. NAME                                              |                                                              |
| 17. NAME                                              |                                                              |
| 18. NAME                                              |                                                              |
| 19. NAME                                              |                                                              |
| 20. NAME                                              |                                                              |
| 21. NAME                                              |                                                              |
| 22. NAME                                              |                                                              |
| 23. NAME                                              |                                                              |
| 24. NAME                                              |                                                              |
| 25. NAME                                              |                                                              |
| 26. NAME                                              |                                                              |
| 27. NAME                                              |                                                              |
| 28. NAME                                              |                                                              |
| 29. NAME                                              |                                                              |
| 30. NAME                                              |                                                              |