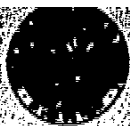


**CORPORATION
ANNUAL REPORT
1995**



ALICE J. CHRISTENSEN
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F69119 (8)

1. Corporation Name
ALICE J. CHRISTENSEN INC.

95 APR 18 PM 5:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**% ALICE J. CHRISTENSEN
995 CORVETTE DRIVE
LARGO FL 34641-1108**

Mailing Address

**% ALICE J. CHRISTENSEN
995 CORVETTE DRIVE
LARGO FL 34641-1108**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/02/1982

3a. Date of Last Report
04/22/1994

4. FEI Number
59-2182626

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

2. Principal Place of Business
21 **1847 SUNRISE BLVD**

2a. Mailing Address
26 **1847 SUNRISE BLVD**

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State
23 **CLEARWATER, FL**

City & State
28 **CLEARWATER, FL**

Zip
24 **34620**

County
25 **PINELLAS**

Zip
29 **34620**

County
30 **PINELLAS**

9. Name and Address of Current Registered Agent

**CHRISTENSEN, ALICE J.
995 CORVETTE DRIVE
LARGO FL 33541**

10. Name and Address of New Registered Agent

81 Name **HOSKING, BRUCE W**
82 Street Address (P.O. Box Number is Not Acceptable)
1847 SUNRISE BLVD
83
84 City **CLEARWATER** FL 85 Zip Code **34620**

11. Pursuant to the provisions of Sections 607.051 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

BRUCE W. HOSKING VICE PRESIDENT/DIRECTOR APRIL 12, 1995
(NOTE: Registered Agent signature required after registration.) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	HOSKING, BRUCE W
STREET ADDRESS	1847 SUNRISE BLVD
CITY, ST, ZIP	CLEARWATER FL
TITLE	VPT
NAME	LEUREUX, MICHELE A
STREET ADDRESS	995 CORVETTE DR
CITY, ST, ZIP	LARGO FL
TITLE	VPD
NAME	LEUREUX, TIMOTHY R
STREET ADDRESS	2121 W SEWAHA
CITY, ST, ZIP	TAMPA FL
TITLE	PR
NAME	CHRISTENSEN, ALICE J.
STREET ADDRESS	995 CORVETTE DR
CITY, ST, ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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	P S T
2.3 STREET ADDRESS	LEUREUX, MICHELE A
2.4 CITY, ST, ZIP	1847 SUNRISE BLVD CLEARWATER FL, 34620
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, 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 110 (07306), 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 officer or director 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 in an attachment with an address.

SIGNATURE:

BRUCE W. HOSKING, VICE PRESIDENT/DIRECTOR

April 12, 1995 (813) 535-1947