

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **F77967** (0)

1. Corporation Name
ALBERDI & BETHEA ENTERPRISES, INC.

JUN 16 11 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **3642 S. SUNCOAST BLVD. HOMOSASSA FL 3444E US**
Mailing Address: **P. O. BOX 2313 CRYSTAL RIVER FL 34423 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/27/1982**
3a. Date of Last Report: **06/30/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1351 N. Jali Pt.	26	59-2190760	Not Applicable
22 Suite Apt #, etc	27 Suite Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Lecanto, FL	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 34461	25 US	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BETHEA, JAMES A. 2181 N WATSEEDGE DRIVE CRYSTAL RIVER FL 34429		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: BETHEA, JAMES A. STREET ADDRESS: 8009 TIERRA VERDE DR CITY, ST, ZIP: TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	NAME: BETHEA, MARTHA A. STREET ADDRESS: 8009 TIERRA VERDE DR CITY, ST, ZIP: TAMPA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: BETHEA, JAMES A. I STREET ADDRESS: 1357 N. JOLI PT. CITY, ST, ZIP: LECANTO FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	NAME: BETHEA, ANN STREET ADDRESS: 1351 N. JALI PT. CITY, ST, ZIP: LECANTO FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

VD
Bethea, James A. III
1351 N. Jali Pt
Lecanto, FL

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)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual reports 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 607, Florida Statutes, and that my name appears as Block 12 or Block 13, unchanged, except an amendment with an address.

SIGNATURE: **James A. Bethen III**
DATE: **5-19-95** (904)507-1773