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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **G18692** (5)
1. Corporation Name
HONEYCOMB & COMPOSITE TRAINING, INC.

Principal Place of Business: **33 BAY POINTE DR. ORMOND BCH FL 32174**
Mailing Address: **33 BAY POINTE DR. ORMOND BCH FL 32174**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 180 Deer Lake Circle	26 180 DEER LAKE CIRCL	06-1047856	01/28/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
22 Ormond Beach	27 Ormond Beach	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Florida	28 FL.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24 32174	25 Volusia		
Zip	Country		
24 32174	29 32174		
Zip	Country		
24 32174	30 Volusia		
Zip	Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LALOY, WILLIAM 33 BAY POINTE DR ORMOND BCH FL 32174	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALOY, WILLIAM F	1.2 NAME	
STREET ADDRESS	33 BAY POINTE DR	1.3 STREET ADDRESS	180 Deer Lake Circle
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALOY, BARBARA	2.2 NAME	
STREET ADDRESS	33 BAY POINTE DR	2.3 STREET ADDRESS	180 Deer Lake Circle
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	Ormond Beach, FL 32174
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	900001391369
		3.4 CITY-ST-ZIP	-01/27/95--01056--009
			***200.00 ***200.00
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	CH

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)(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 or 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 Barbara Lajoy Secretary Date Jan 14, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR