

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$225)

FILED

PROFIT CORPORATION ANNUAL REPORT 1995



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

95 JUL 10 AM 10:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G83868** (1)

1. Corporation Name
PA O2, INC.

Principal Place of Business Mailing Address
% CYNTHIA STEWART TUIT **% CYNTHIA STEWART TUIT**
516 75 ST. **516 75 ST.**
HOLMES BEACH FL 34217 **HOLMES BEACH FL 34217**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
21	26	27	28
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27	City & State	
City & State		City & State	
23	28	City & State	
24	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified 02/08/1984	3a. Date of Last Report 07/01/1994
4. FEI Number 59-2365708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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			
TUIT, CYNTHIA STEWART 516 75 ST. HOLMES BEACH FL 34217				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	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 Cynthia Stewart Tuit **CYNTHIA STEWART TUIT** 6-22-95
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STEWART, JOHN B.	1.2 NAME					
STREET ADDRESS	3340 WESTSHORE DR 3150 GRAY #11	1.3 STREET ADDRESS					
CITY-ST-ZIP	ST. CLOUD FL BOZEMAN, MT 59715	1.4 CITY-ST-ZIP					
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	TUIT, NICHOLAS, JR.	2.2 NAME					
STREET ADDRESS	516 75 ST.	2.3 STREET ADDRESS					
CITY-ST-ZIP	HOLMES BEACH FL	2.4 CITY-ST-ZIP					
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	TUIT, CYNTHIA STEWART	3.2 NAME					
STREET ADDRESS	516 75 ST.	3.3 STREET ADDRESS					
CITY-ST-ZIP	HOLMES BEACH FL	3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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 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 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: Cynthia Stewart Tuit **CYNTHIA STEWART TUIT** 6-22-95 813-778-1094
Signature and typed or printed name of signing officer or director Date Telephone #

CR2E034 (3/95)