

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

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H01203** (9)
1. Corporation Name
FILE ONE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% GARY J. POWELL 3645 FOWLER ST FT MYERS FL 33901	% GARY J. POWELL 3645 FOWLER ST FT MYERS FL 33901

3. Date Incorporated or Qualified 04/27/1984	3a. Date of Last Report 06/27/1994
4. FEI Number 59-2232168	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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 6401-A BADGER DR.	26 6401-A BADGER DR.
22 Buite, Apt. #, etc.	27 Buite, Apt #, etc.
23 City & State TAMPA, FL	28 City & State TAMPA, FL
24 Zip 33610	25 Country HUSBOEN
29 Zip 33610	30 Country HUSBOEN

9. Name and Address of Current Registered Agent

**POWELL, GARY J.
6401-A BADGER
TAMPA FL 33610**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 the if applicable (initials, Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME POWELL, GARY J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4522 SWEETWATER LAKE	CITY - ST - ZIP TAMPA FL	1.2 NAME	
TITLE VD	NAME WARDEN, CLIFFORD E.	1.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6170 NEAL RD.	CITY - ST - ZIP FT. MYERS FL	1.4 CITY - ST - ZIP	
TITLE D	NAME POWELL, WILLIAM J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6401-A BADGER DR.	CITY - ST - ZIP TAMPA FL	2.2 NAME	
TITLE D	NAME WHITLOCK, CLAIRE	2.3 STREET ADDRESS 6324 QUEENSWAY DR., N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6170 NEAL RD.	CITY - ST - ZIP FT. MYERS FL	2.4 CITY - ST - ZIP TEMPLE TERRACE, FL 33617	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS 6324 QUEENSWAY DR., N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP TEMPLE TERRACE, FL 33617	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
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)(b), 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 affidavit.

SIGNATURE: **GARY J. POWELL** *Gary Powell* **5/12/95** (813) **626-7732**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR