

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:35

DOCUMENT # H63128 (3)

1. Corporation Name
LEE PALLARDY, INC.

Principal Place of Business Mailing Address
609 E. JACKSON ST. 200 609 E. JACKSON ST. 200
TAMPA FL 33602-1906 TAMPA FL 33602-1906

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/21/1985
3a. Date of Last Report 02/28/1994

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

4. FEI Number 59-2552672 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PALLARDY, LEE F III
609 E. JACKSON ST. 200
TAMPA FL 33602

10. Name and Address of New Registered Agent
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 607.0502 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 file # applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PALLARDY, LEE F III
STREET ADDRESS	609 E. JACKSON ST. 200
CITY- ST- ZIP	TAMPA FL
TITLE	S
NAME	CRISLER, RANCINE M.
STREET ADDRESS	609 E. JACKSON ST. 200
CITY- ST- ZIP	TAMPA FL
TITLE	VD
NAME	ROBSON, RICHARD M.
STREET ADDRESS	609 E. JACKSON ST. 200
CITY- ST- ZIP	TAMPA FL
TITLE	V
NAME	MYERS, JAMIE M.
STREET ADDRESS	609 E. JACKSON ST. 200
CITY- ST- ZIP	TAMPA FL
TITLE	V
NAME	REID, RANDALL H.
STREET ADDRESS	609 E. JACKSON ST. 200
CITY- ST- ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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	

14. I 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)(g), 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 reported, or on an attachment with an addendum.

SIGNATURE: *Lee Pallardy* February 15, 1995 (813) 221-3700
Lee F. Pallardy, III, President