

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H64636** (4)

1. Corporation Name
FLOOD INVESTMENTS, INC.

Principal Place of Business Mailing Address
**10521 LAKE WILLIAMS DR
5125 RIO VISTA AVENUE
ODESSA FL 33556
US** **10521 LAKE WILLIAMS DR
-4125 RIO VISTA AVENUE
ODESSA FL 33556
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/01/1985** 3a. Date of Last Report **08/12/1994**
4. FEI Number **59-2549737** 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. The corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1422 - 58th ST S** 26 **10521 LAKE WILLIAMS DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
City & State **GULFPORT FL** City & State **ODESSA FL**
23 **GULFPORT FL** 28 **ODESSA FL**
Zip Country Zip Country
24 **33707** 25 **US** 29 **33556** 30 **US**

9. Name and Address of Current Registered Agent
**FLOOD, JOHN J.
10521 LAKE WILLIAMS DR.
ODESSA FL 33556**

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 title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLOOD, JOHN J.
STREET ADDRESS	10521 LAKE WILLIAMS DR.
CITY - ST - ZIP	ODESSA FL
TITLE	D
NAME	FLOOD, ELIZABETH P.
STREET ADDRESS	10521 LAKE WILLIAMS DR.
CITY - ST - ZIP	ODESSA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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)(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 address.

SIGNATURE: **4/26/95 (813) 345-4369**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN J FLOOD** (Signature Photo #)