

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

DOCUMENT # **H65310** (5)
1. Corporation Name
NORTH BRITISH AND AMERICAN DEVELOPMENTS, INC.

Principal Place of Business: **4218-4220 W. KENNEDY BLVD. TAMPA FL 33609**
Mailing Address: **4218-4220 W. KENNEDY BLVD. TAMPA FL 33609**

APPROVED AND FILED
95 MAY -1 PM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Date Incorporated or Qualified: **07/08/1985**
3a. Date of Last Report: **06/01/1994**
4. FEI Number: **59-2570447**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

8. Name and Address of Current Registered Agent:
WIGLEY, NORMAN NICHOLAS
3114 RESEDA CRT.
TAMPA FL 33610

9. Name and Address of New Registered Agent:
81 Name: **WIGLEY, NORMAN NICHOLAS**
82 Street Address (P.O. Box Number is Not Acceptable): **6515 SANTIAGO CT**
83 City: **APOLLO BEACH**
84 City: **APOLLO BEACH** FL 85 Zip Code: **33572**

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: _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WIGLEY, NORMAN NICHOLAS
STREET ADDRESS	3114 RESEDA CRT. 6515 SANTIAGO CT
CITY - ST - ZIP	TAMPA FL APOLLO BEACH, FL 33572
TITLE	VP
NAME	WIGLEY, ROSELYNN ANNE
STREET ADDRESS	3114 RESEDA CRT. 3608 PEARL AVE
CITY - ST - ZIP	TAMPA FL TAMPA, FL 33611
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WIGLEY, NORMAN NICHOLAS	
1.3 STREET ADDRESS	6515 SANTIAGO CT	
1.4 CITY - ST - ZIP	APOLLO BEACH, FL 33572	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WIGLEY, ROSELYNN ANNE	
2.3 STREET ADDRESS	3608 PEARL AVE	
2.4 CITY - ST - ZIP	TAMPA, FL 33611	
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)(a), 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 13 of this report, or on an attachment with an address.

SIGNATURE:  **N. WIGLEY** 28TH APRIL 1995 (813) 875-6878