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 -1 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J04951** **(6)**

1. Corporate Name
LLOYD REGAS & ASSOCIATES, INC.

Principal Place of Business
% LLOYD REGAS
6841 ESTRADA RD
JACKSONVILLE FL 32217

Mailing Address
% LLOYD REGAS
6841 ESTRADA RD
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/19/1986**
3a. Date of Last Report: **06/20/1994**

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

4. FEI Number: **59-2666638**
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 authority to indemnify its directors and officers pursuant to Section 607.0850, Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
REGAS, LLOYD
6841 ESTRADA RD
JACKSONVILLE FL 32217

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 Section 607.0501, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The character of business of the corporation is as described in its articles of incorporation or any amendment thereto. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	REGAS, LLOYD
STREET ADDRESS	6841 ESTRADA RD
CITY, ST, ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report, voluntarily furnished and checked, is true and correct to the best of my knowledge and belief, 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof or on an attachment with an address.

SIGNATURE: Lloyd Regas 4/17/95 636-0787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

001000 CP