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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J49760 (8)

1. Corporation Name
TODD, INC.

Principal Place of Business

**% MURRY FOX CPA
350 CELESTIAL WAY
JUNO BEACH FL 33408**

Mailing Address

**% MURRY FOX CPA
350 CELESTIAL WAY
JUNO BEACH FL 33408**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/31/1986

3a. Date of Last Report
05/01/1994

2. Principal Place of Business
21 **3640 N. OCEAN DR**

2a. Mailing Address
26 **SAME**

4. FEI Number
59-2770270

Applied For
 Not Applicable

Suite, Apt. #, etc.
22 **PH-D**

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 **SINGER ISLAND FL**

City & State
28

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24 **33404**

Country
25 **FLA BEA**

Zip
29

Country
30

8. The corporation has liability for intangible tax under S. 198.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FOX, DIANNE L.
350 CELESTIAL WAY
JUNO BEACH FL 33408**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CPT**
NAME **DOESBURG, TODD H.**
STREET ADDRESS **3840 N OCEAN DR PH-D**
CITY - ST - ZIP **SINGER ISLD FL**

TITLE **S**
NAME **DOESBURG, SUE L.**
STREET ADDRESS **1981 HOLMAN DR.**
CITY - ST - ZIP **JUNO BCH. FL**

TITLE **T**
NAME **JANET NEWMAN**
STREET ADDRESS **1090 FAIRVIEW LANE**
CITY - ST - ZIP **SINGER ISLAND, FL 33404**

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 **OP** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change 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)(k), 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: **Todd H. Doesburg**
SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR

4-12-96

Date

407-848-1488

System Phone #