

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MURPHY
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J67650** (8)

1. Registered Name
SUDA DEVELOPMENT, INC.

Principal Place of Business
**108 ROBIN RD
ALTAMONTE SPRINGS FL 32701**

Main Office Address
**108 ROBIN RD.
ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1987	3a. Date of Last Report 06/20/1994
4. FD Number 59-2804645	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangibles tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State Apt. # etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State Apt. # etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent MILLER, WILLIAM R. 147 VARIETY TREE CIRCLE ALTAMONTE SPRINGS FL 32714	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. City 85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.0402 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 application of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME D MILLER, WILLIAM R.	STREET ADDRESS 108 ROBIN RD. ALTAMONTE SPRINGS FL	1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D MILLER, DONA G.	STREET ADDRESS 108 ROBIN RD. ALTAMONTE SPRINGS FL	2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	8. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption contained in Sections 199.032, Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the recipient of financial information to complete this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 13 of Block 13 of this report or on an attached document with an address.

SIGNATURE: *William R. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED
MAY - 1 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA