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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # J83117 (8)

1. Corporation Name
PLYMOUTH DEVELOPMENT CORPORATION UNLIMITED

Principal Place of Business Mailing Address

1165 ELDRIDGE STREET CLEARWATER FL 34615 US

1165 ELDRIDGE STREET CLEARWATER FL 34615 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

3. Date Incorporated or Qualified 07/17/1987 3a. Date of Last Report 05/01/1994

4. FEI Number 59-2846729 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

6. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No **part of consolidated group**

9. Name and Address of Current Registered Agent

BLAESER, JOHN A
1165 ELDRIDGE STREET
CLEARWATER FL 34615

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	DV
NAME	BLAESER, JAMES A.
STREET ADDRESS	1165 ELDRIDGE STREET
CITY - ST - ZIP	CLEARWATER FL
TITLE	VST
NAME	DEVINE, DAVID W
STREET ADDRESS	1165 ELDRIDGE STREET
CITY - ST - ZIP	CLEARWATER FL
TITLE	P
NAME	BLAESER, JOHN A
STREET ADDRESS	1165 ELDRIDGE STREET
CITY - ST - ZIP	CLEARWATER FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Blaeser, James A.
1.3 STREET ADDRESS	1165 Eldridge Street
1.4 CITY - ST - ZIP	Clearwater, FL 34615
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Blaeser, John A.
3.3 STREET ADDRESS	1165 Eldridge Street
3.4 CITY - ST - ZIP	Clearwater, FL 34615
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 119.07(3)(h), 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: John Blaeser 4/13/95 813/461-6194

SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATING OFFICER OR DIRECTOR (Date) (Daytime Phone)