

**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
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 MAR 28 PM 2:31

**DOCUMENT # K24724 (2)**  
 1. Corporation Name  
**STRANG BACHMAN & COMPANY, INC.**

Principal Place of Business	Mailing Address
504 AVE A NW, STE 307 P.O. BOX 194 WINTER HAVEN FL 33882	504 AVE A NW, STE 307 P.O. BOX 194 WINTER HAVEN FL 33882

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 200 Avenue B, N.W.		26 P.O. Box 194		05/23/1988	03/22/1994
22 Second Floor		27		4. FEI Number	Applied For
23 Winter Haven FL		28 Winter Haven FL		59-2938829	Not Applicable
24 33880		29 33882		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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STRANG, CARL J. III 200 AVE B, NW 2ND FL WINTER HAVEN FL 33881				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 of Agent or person named in registered office and 1507 registration) (Signature of Agent or person named in registered office and 1507 registration) (Signature of Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	1. TITLE	DPV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANG, CARL J. III	12 NAME	Carl J Strang III
STREET ADDRESS	519 AVE 'B' NW	13 STREET ADDRESS	200 Ave B, NW
CITY ST ZIP	WINTER HAVEN FL	14 CITY ST ZIP	WINTER HAVEN FL 33880
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an affidavit.

SIGNATURE:  3/27/95 810/219-1A3  
(Signature of Agent or person named in registered office and 1507 registration) (Date) (Caption/Print Name)