

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 8:54

DOCUMENT # **K31662 (5)**

1. Corporation Name
HOUSTON DEVELOPMENT CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% THOMAS C. LITTLE 1931 ASHLAND DR CLEARWATER FL 34623-2209	% THOMAS C. LITTLE 1931 ASHLAND DR CLEARWATER FL 34623-2209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/24/1988	3a. Date of Last Report 01/25/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 50 PINETREE CT.	26	59-2910238	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23 Palm Harbor, FL	28	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24 34683	30		
County			
25 Pinellas			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
LITTLE, THOMAS C. 1931 ASHLAND DR CLEARWATER FL 34625		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 fee if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORNEY, TERRY	1.2 NAME	
STREET ADDRESS	50 PINETREE CT	1.3 STREET ADDRESS	
CITY, ST, ZIP	PALM HARBOR FL	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORNEY, NANCY M.	2.2 NAME	
STREET ADDRESS	50 PINETREE CT	2.3 STREET ADDRESS	
CITY, ST, ZIP	PALM HARBOR FL	2.4 CITY, ST, ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORNEY, TERRY	3.2 NAME	
STREET ADDRESS	50 PINETREE CT	3.3 STREET ADDRESS	
CITY, ST, ZIP	PALM HARBOR FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my resignation 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: Terrance Torney **TERRANCE TORNEY** 4/22/95 818-789-9177
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR