

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:46**

DOCUMENT # K61196 (7)

1. Corporation Name
TOTAL INVESTMENT OF SEBASTIAN, INC.

Principal Place of Business: **9880 OAK TRAIL, SEBASTIAN FL 32976**
Mailing Address: **9880 OAK TRAIL, SEBASTIAN FL 32976**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/26/1989** 3a. Date of Last Report: **03/31/1994**

4. FEI Number: **59-2937425** 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent
**VANDEVOORDE, RENE G.
1327 NORTH CENTRAL AVENUE
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 after registration) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	CHAPIN, KENNETH L.
STREET ADDRESS	9880 OAK TRAIL
CITY - ST - ZIP	SEBASTIAN FL
TITLE	DVS
NAME	GRIFFITH, TOMMY
STREET ADDRESS	9870 RIVERVIEW DR.
CITY - ST - ZIP	SEBASTIAN FL
TITLE	T
NAME	GRIFFITH, TOMMY
STREET ADDRESS	9870 RIVERVIEW DR.
CITY - ST - ZIP	SEBASTIAN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	Box 4548 River Rd.
24 CITY - ST - ZIP	Carrabelle, Fl. 32322
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	Box 4548 River Rd.
34 CITY - ST - ZIP	Carrabelle, Fl. 32322
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(2)(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 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: *Kenneth L. Chapin* **Kenneth L. Chapin** 3-24-95 407-664-4937
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR