

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 2:00

DOCUMENT # **L15397** (7)
1. Corporation Name
AFFORDABLE INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 934 41ST AVE NE ST PETE FL 33703 US		Mailing Address 934 41 ST AVE NE ST PETE FL 33703 US		3. Date Incorporated or Qualified 09/11/1989	3a. Date of Last Report 04/13/1994
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-2969648	Applied For ☐ Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent JOHNSON, LEWIS JERALD 934 41ST AVE NE ST PETE FL 33703		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 *Louis J. Johnson* DATE **16 Jan 95**
(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME JOHNSON, LEWIS JERALD	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 934 41ST AVE NE		1.2 NAME	
CITY - ST - ZIP ST PETE FL		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE D	NAME JOHNSON, PHYLLIS MARIE	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 934 41 ST AVE NE		2.2 NAME	
CITY - ST - ZIP ST PETE FL		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the regular or limited 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: *Louis J. Johnson* DATE **16 Jan 95**
(Signature and typed or printed name of signing officer or director)