

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 16 AM 8:15

DOCUMENT # **L31978** (4)

1. Corporation Name
AYRES & ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% RONALD J. AYRES
P.O. BOX 225
LAKE WALES FL 33859

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/22/1989** 3a. Date of Last Report **07/25/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **59-2979037** Applied For
Not Applicable

Suite, Apt. #, etc. **22** Suite, Apt. #, etc. **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State **23** City & State **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip **24** Country **25** Zip **29** Country **30**

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

9. Name and Address of Current Registered Agent

AYRES, RONALD J.
~~2142 FOREST DRIVE~~ **6455 Highway 60 East**
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** 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 title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **AYRES, RONALD J.**
STREET ADDRESS **P O BOX 225 N/A**
CITY - ST - ZIP **LAKE WALES FL**

1 1 TITLE **P/D** Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

TITLE **D**
NAME **AYRES, CAROL J.**
STREET ADDRESS **P O BOX 225 N/A**
CITY - ST - ZIP **LAKE WALES FL**

2 1 TITLE **V/D** Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3 1 TITLE **V** Change Addition
3 2 NAME **Carl H. Wood**
3 3 STREET ADDRESS **P.O.Box 225 N/A**
3 4 CITY - ST - ZIP **Lake Wales, Florida 33859**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 1 TITLE Change 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 110.07(3)(k), 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: **CAROL J. AYRES** *vice President* **May 11/1995** **813696-1818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)