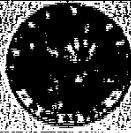


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 11:19

DOCUMENT # L70685 (7)
1. Corporation Name
KREB DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% ROBERT H. CRAWFORD **% ROBERT H. CRAWFORD**
100 2ND AVE S. #400N **100 2ND AVE S. #400N**
ST. PETERSBURG FL 33701 **ST. PETERSBURG FL 33701**

3. Date Incorporated or Qualified **05/07/1990** 3a. Date of Last Report **03/11/1994**
4. FEI Number **59-3011976** 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**
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
CRAWFORD, ROBERT H.
100 2ND AVENUE SOUTH
SUITE 400
ST. PETERSBURG FL 33701

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 _____ (NOTE: Registered Agent signature required when furnishing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME CRAWFORD, ROBERT H.
STREET ADDRESS 100 SECOND AVE S, #400N
CITY, ST, ZIP ST. PETERSBURG FL
TITLE S
NAME SEDWICK, CATHERINE NOYES
STREET ADDRESS 100 SECOND AVE S, #400N
CITY, ST, ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. 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 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: *Catherine Noyes Sedwick* 4/7/95 813-822-6000
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
Catherine Noyes Sedwick