

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 11:10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M69905** (1)
1. Corporation Name
ROBERT J ELDREDGE CO.

Principal Place of Business: **3580 W HWY 44 INVERNESS FL 32650**
Mailing Address: **3580 W HWY 44 INVERNESS FL 32650**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **02/23/1988**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. State: **27**
23. City: **28**
24. Zip: **25** **29** Country: **30**

4. FET Number: **59-2864155** 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

9. Name and Address of Current Registered Agent
**ELDREDGE, ROBERT J.
3580 W. HWY. 44
INVERNESS FL 32650**

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 607.010(2) and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required by part 1 of part 1 of the Statute 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 607.010(2), Florida Statutes.

SIGNATURE: _____ Title: _____

12. OFFICERS AND DIRECTORS

12.1	PD NAME: ELDREDGE, ROBERT J. STREET ADDRESS: 3580 W. HWY. 44 CITY, ST, ZIP: INVERNESS FL
12.2	SD NAME: ELDREDGE, ROBERT J. STREET ADDRESS: 3580 W. HWY. 44 CITY, ST, ZIP: INVERNESS FL
12.3	TD NAME: ELDREDGE, ROBERT J. STREET ADDRESS: 3580 W. HWY. 44 CITY, ST, ZIP: INVERNESS FL
12.4	NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____
12.5	NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____
12.6	NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3	NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(9b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 on the filing date of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report, or in a supplemental report.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95
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