

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1. PH 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # M85145 (4)
1. Corporation Name
BENETAL CORP.

Principal Place of Business Mailing Address
**101 N. WOODLAND BLVD.
SUITE 200
DELAND FL 32720** **101 N. WOODLAND BLVD.
SUITE 200
DELAND FL 32720**

3. Date Incorporated or Qualified **06/13/1988** 3a. Date of Last Report **03/25/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2903362		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite 2121		Suite, Apt. #, etc. Suite 2121		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22 City & State		27 City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23 Zip		28 Zip		Country		Country	
24		29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENNETT JR., CLYDE C. 101 N. WOODLAND BLVD. SUITE 200 DELAND FL 32720				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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 FEI # applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, CLYDE C., JR.	1.2 NAME	
STREET ADDRESS	924 VILLAGE GREEN RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, SHELDON W.	2.2 NAME	
STREET ADDRESS	103 COUNTRY CLUB DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNALS, GEORGE C.	3.2 NAME	
STREET ADDRESS	624 N. ORANGE AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITCOMB, ELLWOOD A.	4.2 NAME	
STREET ADDRESS	139 ASH DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE HELEN FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JAMES H	5.2 NAME	
STREET ADDRESS	3417 E. WALMONT	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MI	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change or on an attachment with an address.

SIGNATURE: *[Signature]* **4/25/95** **909/234-4730**
(Type) (Date)