

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

APPROVED AND FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # M99472 (6)

1. Corporation Name
MCNATT HOLDINGS, INC.

Principal Place of Business Mailing Address

14946 N. FLORIDA AVENUE TAMPA FL 33613 **14946 N. FLORIDA AVENUE TAMPA FL 33613**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21. **P.O. Box 1438** 26. **P.O. Box 1438**

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

23. City & State 28. **Tampa, FL**

24. Zip 25. Country 29. **33601** 30. **USA**

3. Date incorporated or Qualified **09/15/1988** 3a. Date of Last Report **03/25/1994**

4. FEI Number **59-2917633** 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

7. This corporation has liability for intangible tax under s. 199.042, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**GREGORY, WILLIAM P.
 715 SWANN AVE.
 TAMPA FL 33606**

10. Name and Address of New Registered Agent

81. Name **J. Bob Humphries**

82. Street Address (P.O. Box Number is Not Acceptable) **Fowler, White et al**

83. **501 E. Kennedy Blvd., #1700**

84. City **Tampa** FL 85. Zip Code **33602**

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 _____ DATE **4/27/95**

Signature typed or printed name of registered agent and the # application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	MCNATT, HENRY H., JR.
STREET ADDRESS	601 WATERWOOD CT.
CITY, ST, ZIP	LUTZ FL
TITLE	VC
NAME	MCNATT, HENRY H., JR.
STREET ADDRESS	601 WATERWOOD CT.
CITY, ST, ZIP	LUTZ FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input checked="" type="checkbox"/>
3. STREET ADDRESS	<input checked="" type="checkbox"/>
4. CITY - ST - ZIP	<input checked="" type="checkbox"/>
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

AS
Humphries, J. Bob
501 E. Kennedy Blvd.
Tampa, Florida 33602

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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(2)(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, and that I am 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 in the appropriate block in address.

SIGNATURE: **Bob Humphries, Asst. Sec.** DATE: **4/27/95** (813) 222-1173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR