

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:18

DOCUMENT # N93000004324 (0)

1. Corporation Name
ALL AMERICAN FOUNDATION, INC.

Principal Place of Business: 311 S. CALHOUN STREET, SUITE 201, TALLAHASSEE FL 32301 US

Mailing Address: HUME COLEMAN, PO DRAWER 810, TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/24/1993	3a. Date of Last Report 04/21/1994
4. FEI Number 59-3213115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

HUME, TERRY
1898 MARYELLEN DRIVE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, THOMAS	1.2 NAME	
STREET ADDRESS	PO BOX 1577 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	THOMASVILLE GA 31799	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPS, JOE	2.2 NAME	
STREET ADDRESS	1315 HODGES DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ANDY	3.2 NAME	
STREET ADDRESS	PO BOX 1353 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32302	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKERD, JACK	4.2 NAME	
STREET ADDRESS	100 N STARCREST DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34625	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, BILL	5.2 NAME	
STREET ADDRESS	PO BOX 1598 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34230-1598	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOIN, BOB	6.2 NAME	Hart, Ed
STREET ADDRESS	MOORE ATHLETIC CENTER, FLORIDA STATE UNIV	6.3 STREET ADDRESS	465 Park Avenue
CITY - ST - ZIP	TALLAHASSEE FL 32309	6.4 CITY - ST - ZIP	Belleair, FL 34616

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 included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph L. Campa, MD Date: 4/5/95 (System Phone #) 904/942-7150