

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:25

DOCUMENT # **N94000001684 (9)**

FIRST NATIONS RESOURCE NETWORK, INC.

Principal Name of Business: **33 4TH ST N SUITE 202-C ST PETERSBURG FL**  
 Mailing Address: **33 4TH ST N SUITE 202-C ST PETERSBURG FL**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**  
 2a. Mailing Address: **26 P.O. Box 59**  
 Suite, Apt # etc.: **22**  
 City & State: **23 ST Petersburg, FL**  
 Zip: **24 33731** Country: **25**  
 Zip: **29 33731** Country: **30 Pinellas**

3. Date incorporated or Qualified: **04/05/1994** 3a. Date of Last Report  
 4. FEI Number: **59-3233131** Applied for:  Not Applicable:   
 5. Certificates of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under § 199.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **TOMASZEWSKI, LOIS A 33 4TH ST N SUITE 202-C ST PETERSBURG FL**  
 10. Name and Address of New Registered Agent: **B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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, thereby accept the appointment as registered agent, I am hereby withdrawing and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Lois A. Tomaszewski* (Signature of Registered Agent) (Required when changing registered office or registered agent)

| 12. OFFICERS AND DIRECTORS                          |   | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)                    |  |
|---|---|--|--|
| 1. TITLE: <b>DP</b>                                 | 1. NAME: <b>GOYETTE, DAVID</b>                      | 1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| 2. STREET ADDRESS: <b>330 19TH AVE S</b>            | 2. STREET ADDRESS: <b>330 19TH AVE S</b>            | 1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 3. CITY, ST, ZIP: <b>ST PETERSBURG FL 33705</b>     | 3. CITY, ST, ZIP: <b>ST PETERSBURG FL 33705</b>     | 1.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 4. CITY, ST, ZIP: <b>ST PETERSBURG FL 33705</b>     | 4. CITY, ST, ZIP: <b>ST PETERSBURG FL 33705</b>     | 1.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 5. TITLE: <b>V</b>                                  | 5. NAME: <b>TOMASZEWSKI, LOIS</b>                   | 1.5 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 6. STREET ADDRESS: <b>% 33 4TH ST N SUITE 202-C</b> | 6. STREET ADDRESS: <b>% 33 4TH ST N SUITE 202-C</b> | 1.6 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 7. CITY, ST, ZIP: <b>ST PETERSBURG FL</b>           | 7. CITY, ST, ZIP: <b>ST PETERSBURG FL</b>           | 1.7 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 8. TITLE: <b>DST</b>                                | 8. NAME: <b>TOMASZEWSKI, LOIS A</b>                 | 1.8 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 9. STREET ADDRESS: <b>330 19TH AVE S</b>            | 9. STREET ADDRESS: <b>330 19TH AVE S</b>            | 1.9 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 10. CITY, ST, ZIP: <b>ST PETERSBURG FL 33705</b>    | 10. CITY, ST, ZIP: <b>ST PETERSBURG FL 33705</b>    | 1.10 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 11. TITLE: <b>D</b>                                 | 11. NAME: <b>WILSON, SHERRY</b>                     | 1.11 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 12. STREET ADDRESS: <b>1825 S 5TH ST 12</b>         | 12. STREET ADDRESS: <b>1825 S 5TH ST 12</b>         | 1.12 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 13. CITY, ST, ZIP: <b>MINNEAPOLIS MN 55454</b>      | 13. CITY, ST, ZIP: <b>MINNEAPOLIS MN 55454</b>      | 1.13 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 14. TITLE: <b></b>                                  | 14. NAME: <b></b>                                   | 1.14 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 15. STREET ADDRESS: <b></b>                         | 15. STREET ADDRESS: <b></b>                         | 1.15 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 16. CITY, ST, ZIP: <b></b>                          | 16. CITY, ST, ZIP: <b></b>                          | 1.16 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 17. TITLE: <b></b>                                  | 17. NAME: <b></b>                                   | 1.17 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 18. STREET ADDRESS: <b></b>                         | 18. STREET ADDRESS: <b></b>                         | 1.18 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 19. CITY, ST, ZIP: <b></b>                          | 19. CITY, ST, ZIP: <b></b>                          | 1.19 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |

**REMITTED BY MAY 1**

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Sections 319.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Lois A. Tomaszewski* **Lois A. Tomaszewski** **2-28-95** **813-421-6604**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR