

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11893 (5)

1. Corporation Name
APPALACHIAN CENTRAL CORPORATION

Principal Place of Business: **750 11TH STREET S. NAPLES FL 33940 US**
Mailing Address: **750 11TH STREET S. NAPLES FL 33940 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted: **10/23/1986** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2484768** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes 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
**ALLEN, ARTHUR L.
750 11TH STREET SOUTH
NAPLES FL 33940**

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: _____

I, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	ALLEN, ARTHUR L.
STREET ADDRESS	750 11TH ST. S
CITY, ST., ZIP	NAPLES FL
TITLE	D
NAME	ALLEN, ARTHUR L.
STREET ADDRESS	750 11TH ST. S.
CITY, ST., ZIP	NAPLES FL
TITLE	S
NAME	FARQUHAR, ROBERT N.
STREET ADDRESS	900 TALBOIT TOWER
CITY, ST., ZIP	DAYTON OH
TITLE	D
NAME	ALLEN, WILLIAM BURKE
STREET ADDRESS	3440 GLAVIS ROAD
CITY, ST., ZIP	FALLS CHURCH VA
TITLE	AS
NAME	FARLEY, WILLIAM
STREET ADDRESS	750 11TH ST. ST.
CITY, ST., ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST., ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST., ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST., ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DELETE
43 STREET ADDRESS	
44 CITY, ST., ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	DELETE
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	

14. I, the undersigned, certify that the information contained with this filing is true and correct and that I am not guilty for the registration stated in Section 110.07(1)(a), Florida Statutes. I further certify that the information contained on this statement has been signed and approved by the registered agent and that my signature shall have the same legal effect as if made in person. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name appears on Block 12, 13, 14, 21, 22, 23, 24, 31, 32, 33, 34, 41, 42, 43, 44, 51, 52, 53, 54, 61, 62, 63, 64.

SIGNATURE: *Arthur L. Allen* **PROSS** 6/27/89 941-263-8447
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Arthur L. Allen

CR2E034 (3/95)