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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:43

DOCUMENT # P15688 (5)

1. Corporation Name
MO. PED. COMPANY

Principal Place of Business
10100 OLD PALAFOX RD.
PENSACOLA FL 32534

Mailing Address
10100 OLD PALAFOX RD.
PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1987
3a. Date of Last Report: 04/07/1994

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)

4. FEI Number: 43-1049219 — 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

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
JONES, EUGENE E.
312 E. NINE MILE ROAD
SUITE 11-125
PENSACOLA FL 32514

10. Name and Address of New Registered Agent
01 Name: JONES, EUGENE E.
02 Street Address (P.O. Box Number is Not Acceptable): 868 VALLEY RIDGE CIRCLE
03
04 City: PENSACOLA FL 05 Zip Code: 32514

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: Eugene E. Jones — 1-11-95
Signature of a member of the Board of Directors or Agent — Title — Registered Agent signature required after resigning — Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, EUGENE E.
STREET ADDRESS	868 VALLEY RIDGE CIRCLE
CITY ST ZIP	PENSACOLA FL
TITLE	SD
NAME	JONES, JOAN E.
STREET ADDRESS	868 VALLEY RIDGE CIRCLE
CITY ST ZIP	PENSACOLA FL
TITLE	TD
NAME	JONES, JOAN E.
STREET ADDRESS	868 VALLEY RIDGE CIRCLE
CITY ST ZIP	PENSACOLA 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

1.1 TITLE	V [ ] Change [X] Addition
1.2 NAME	JAMES VOGT
1.3 STREET ADDRESS	4626 34TH COURT EAST
1.4 CITY ST ZIP	BRADENTON, FLORIDA 34203
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an alteration.

SIGNATURE: Joan E. Jones — 1/11/95 — 904-477-9308
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

040003 FP