

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

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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 13 AM 10:35

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P92000003039 (4)**

1. Corporation Name  
**ADVANCED CONTRACTING & HEDGING, INC.**

Principal Place of Business      Mailing Address

P.O. BOX 521      P.O. BOX 521  
 ALVA FL 33920      ALVA FL 33920  
 US      US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1992**      3a. Date of Last Report: **03/01/1994**

4. FEI Number: **65-0373927**      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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address

21 **1908 S.W. Clevel Road**      26 **1980 S.W. Clevel Road**

Suite, Apt #, etc.      Suite, Apt #, etc.

22 **P.O. Box 1207**      27 **P.O. Box 1207**

City & State      City & State

23 **Arcadia, Florida**      28 **Arcadia, Florida**

Zip      City      Zip      City

24 **33821**      25 **USA**      29 **33821**      30 **USA**

**B. Name and Address of Current Registered Agent**

**BELCHER, BRYAN H**  
**14141 RIVER ROAD**  
**FT. MYERS FL 33905**

**10. Name and Address of New Registered Agent**

81 Name: **Mitchell I. Horowitz, Esq.**

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

83 **501 E. Kennedy Blvd., Suite 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: *Mitchell I. Horowitz*      DATE: **5/31/95**

Signature typed or printed name of registered agent and the corporation      (Print) Registered Agent Signature (required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>Pres./Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, JOHN W</b>	1.2 NAME	<b>John W. Edwards</b>
STREET ADDRESS	<b>2110 W PLATT ST</b>	1.3 STREET ADDRESS	<b>1980 S.W. Clevel Road, P.O. Box 1207</b>
CITY, ST, ZIP	<b>TAMPA FL 33606</b>	1.4 CITY, ST, ZIP	<b>Arcadia, FL 33821</b>
TITLE	<b>P</b>	2.1 TITLE	<b>Sec./Treas./Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BELCHER, BRYAN H</b>	2.2 NAME	<b>Karen P. Edwards</b>
STREET ADDRESS	<b>14141 RIVER RD</b>	2.3 STREET ADDRESS	<b>1980 SW Clevel Rd., P.O. Box 1207</b>
CITY, ST, ZIP	<b>FT MYERS FL 33905</b>	2.4 CITY, ST, ZIP	<b>Arcadia, FL 33821</b>
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELCHER, DIANE K</b>	3.2 NAME	
STREET ADDRESS	<b>14141 RIVER RD.</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>FT. MYERS FL 33905</b>	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 119.07(3)(a), 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 in an attachment with an address.

SIGNATURE: *[Signature]*      DATE: **5-25-95**      **PHL**

Signature typed or printed name of signing officer or director      Date      (Print) Name