

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:12

DOCUMENT # P93000000822 (5)

1. Corporation Name  
THE BRITANICA CO. INC.

Principal Place of Business  
7 ROBIN ROAD  
WILDWOOD FL 34785  
US

Mailing Address  
7 ROBIN ROAD  
WILDWOOD FL 34785  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/06/1993  
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business  
21 819 Oakwood Circle  
2a. Mailing Address  
26 819 Oakwood Circle

4. FEI Number: 59-3188977  
Applied For: Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

22 City & State: Wildwood Fl. 34785  
27 City & State: Wildwood Fl. 34785

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

23 Zip: Country  
24 Zip: Country  
25 Country: 29 Zip: 30 Country:

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MISSINNE, AVRIL P  
819 OAKWOOD CIR  
WILDWOOD FL 34785

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MISSINNE, AVRIL P
STREET ADDRESS	7 ROBIN ROAD
CITY - ST - ZIP	WILDWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	MISSINNE, AVRIL P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	819 OAKWOOD CIRCLE	
1.3 STREET ADDRESS	WILDWOOD FL. 34785	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 qualify for the exemption stated in Section 110.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Avril P. Missinne  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95 (904) 748 6287  
DATE TELEPHONE NUMBER