

**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)**

STATE OF FLORIDA  
CORPORATION  
ANNUAL REPORT



DEPARTMENT OF STATE  
William M. Hoffman  
Secretary of State  
Tallahassee, Florida 32301

1995

DOCUMENT # **P93000031973 (9)**

**BYRON A. LORRIER, P.A.**

FILED

05 JUL 31 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4300  
7004 4TH STREET NORTH  
SUITE 228  
ST. PETERSBURG FL 33702

4300  
7004 4TH STREET NORTH  
SUITE 228  
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

2. Principal Office (Required)  
21. City or Town  
22. State  
23. Zip Code  
24. Name of

**BYRON A. LORRIER, P.A.**  
Attorney At Law

4300 Fourth Street North  
Suite 2B  
St. Petersburg, Florida 33703  
(813) 526-9008 / Fax (813) 528-1975

UCC FILING & SEARCH SERVICES INC.  
526 EAST PARK AVENUE  
SUITE 200  
TALLAHASSEE FL 32301

3. Date incorporated or Qualified: **05/03/1993** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **65-0311964** Applied For:  Not Applied For:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Extension of Status:  \$5.00 May Be Added to Fees  
7. This corporation has not had any change in management since 1993:  Yes  No  
8. This corporation has not had any change in officers since 1993:  Yes  No

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 607.0205 and 607.1509, Florida Statutes, the above named corporation submits the attached for the purpose of changing its registered office and registered agent in both of 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 607.1509, Florida Statutes.

12. OFFICERS AND DIRECTORS

1. NAME	PD, J. A. Scott, & Thomas
2. STREET ADDRESS	7004 4TH STREET NORTH, SUITE 228
3. CITY	ST. PETERSBURG FL 33702
4. NAME	
5. STREET ADDRESS	
6. CITY	
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	

13. ALL INFORMATION ON THIS REPORT MUST BE TRUE AND CORRECT

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
2. STREET ADDRESS		
3. CITY		
4. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
5. STREET ADDRESS		
6. CITY		
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
8. STREET ADDRESS		
9. CITY		
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
11. STREET ADDRESS		
12. CITY		
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
14. STREET ADDRESS		
15. CITY		

14. I, the undersigned, certify that the information supplied with this report is substantially true and correct, and equally for the corporation stated in Sections 607.0205 and 607.1509, Florida Statutes. I further certify that the information included in this annual report on organizational annual report is true and accurate and that my signature shall serve the same legal purpose as if made in person. That I am an officer or director of the corporation or that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in this report as the registered agent of the corporation.

SIGNATURE:

*Byron A. Lorrier*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

7/17/95 813) 526-5008

CR2E034 (3-95)