

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:20

DOCUMENT # P93000041695 (6)

1. Corporation Number

SOUTH VOLUSIA PROPERTIES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 838
TAMPA FL 33601-0838

P.O. BOX 000
TAMPA FL 33601-0000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized 06/07/1993	3b. Date of Last Report 01/19/1994
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4. FCI Number **59-3186978** Applied For
Not Applicable

**B. Certificate of Status (Required) | | \$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00** May Be
Fund Local Candidates **Adduct to Fines**

10. Has compensation been paid for maintaining this number 25 telephone?

Household Status: Yes No

18. Name and Address of New Religious Agent

B. Name and Address of Current Registered Agent _____ **10. Name and Address of New Registered Agent** _____

**LAU, MARY A
100 S. ASHLEY DR.
SUITE 1700
TAMPA FL 33602**

B1	Name		
B2	Street Address (P.O. Box Number is Not Acceptable)		
B3			
B4	City	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 this appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

Qualified: Those certified (or equivalent) depend on their age and experience.

Table 11: Unadjusted and adjusted regression results for ownership

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12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS OF OFFICERS AND DIRECTORS	
TITLE	NAME	TITLE	NAME
TITLE	D	TITLE	1.1 NAME
NAME	LAU, JAMES V	1.2 NAME	
STREET ADDRESS	P O BOX 838 N/A	1.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33601	1.4 CITY, ST, ZIP	
TITLE	D	2.1 NAME	
NAME	MCCREADIE, DAVID W	2.2 NAME	
STREET ADDRESS	P O BOX 838 N/A	2.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33601	2.4 CITY, ST, ZIP	
TITLE	D	3.1 NAME	
NAME	CONLEY, TIMOTHY C	3.2 NAME	
STREET ADDRESS	P O BOX 838 N/A	3.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33601	3.4 CITY, ST, ZIP	
TITLE		4.1 NAME	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 NAME	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 NAME	
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 Rule 110(e)(1)(B), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect if made under oath, that I am an officer or director of this corporation or the notary or lawyer empowered to execute this paper as prepared by Chapter 110, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James V. Lau James V. Lau
SIGNATURE AND TYPED OR PRINTED NAME OF BIRICO OFFICER OR DIRECTOR

1-11-95 (8/3) 229-2121