

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Bureau of Corporations  
Secretary of State  
TALLAHASSEE, FLORIDA 32304-0001

APPROVED  
AND  
FILED

95 MAY -1 PM 11:41

DOCUMENT # **P93000044252 (3)**

1. Filing Office Number

**TODD & ASSOCIATES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
11-B PARK CIRCLE FT. WALTON BEACH FL 32548		11-B PARK CIRCLE FT. WALTON BEACH FL 32548	

2. Principal Place of Business	2a. Mailing Address	3. Date for Corporation or Expiration	3a. Date of Last Report
21	26	06/16/1993	05/01/1994
State, Apt. # etc.	State, Apt. # etc.	4. FID Number	Applied For
22	27	59-3183581	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
City	State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
City	State	City	State

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has authority for intrastate tax under S. 190.04, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TODD, WILLIAM D  
11-B PARK CIRCLE  
FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.040, and 607.1500, 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 implications of Sections 607.040, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	D TODD, WILLIAM D 11-B PARK CIRCLE FT. WALTON BEACH FL 32548	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	D TODD, ELLEN B 11-B PARK CIRCLE FT. WALTON BEACH FL 32548	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.040, 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 and for each of the officers or directors of the corporation at the time of the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears as the filer of this report or on an affidavit with an address.

SIGNATURE: *William D. Todd, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95