

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9: 53

DOCUMENT # **P93000085075 (8)**

1. Corporation Name  
**TOUCAN III, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2040 S SANFORD AVE  
SANFORD FL 32771  
US**

Mailing Address  
**815 ORIENTA AVENUE  
SUITE 5  
ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/06/1993**

3a. Date of Last Report  
**03/03/1994**

2. Principal Place of Business  
**21 2484 S. Sanford Ave.**

2a. Mailing Address  
**26**

22 City & State  
**27**

23 Zip  
**28**

24 Country  
**25**

4. FEI Number  
**APPLIED FOR 59-9225018**

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**

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

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

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

**FOUNTAIN, DENNIS F  
815 ORIENTA AVE.  
SUITE 5  
ALTAMONTE SPRINGS FL 32701**

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

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **DP**  
NAME **RUGGIERO, ROBERT A**  
STREET ADDRESS **307 SPRUCEWOOD RD**  
CITY - ST - ZIP **LAKE MARY FL**

1 1 TITLE  Change  Addition  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

TITLE **DST**  
NAME **RUGGIERO, NATALIE J**  
STREET ADDRESS **307 SPRUCEWOOD RD**  
CITY - ST - ZIP **LAKE MARY FL**

2 1 TITLE  Change  Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3 1 TITLE  Change  Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4 1 TITLE  Change  Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5 1 TITLE  Change  Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6 1 TITLE  Change  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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Natalie J. Ruggiero* **Natalie J. Ruggiero** **4-24-95** **330-9814**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)