FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:28

DOCUMENT # **P94000040450 (6)**

1. Corporate Name

STORM DANCER, INC.

Principal Place of Business: 5790 COUNTY RD 78 W, ALVA FL 33920

Mailing Address: 5790 COUNTY RD 78 W, ALVA FL 33920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1994

3a. Date of Last Report

4. FEI Number: #65-0497811

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 intangible tax under s. 199.032 Florida Statutes: [X] Yes [ ] No

2. Principal Office Address
2a. Mailing Address

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

WOODRUM, FRANKIE L
5790 COUNTY RD 78 W
ALVA FL 33920

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

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 617.0502, 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.

12. OFFICERS AND DIRECTORS

Title	Name / Address
D	WOODRUM, FRANKIE L 5790 COUNTY RD 78 W ALVA FL 33920
D	WOODRUM, TIM A 5790 COUNTY RD 78 W ALVA FL 33920

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption... 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: Frankie L. Woodrum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/15/95 Daytime Phone: (813) 675-6150

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