

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 11:10:16

DOCUMENT # P94000052282 (8)

1. Corporation Name

ACORN TOUCHWOOD ASSOCIATES, INC.

Principal Place of Business

Mailing Address

C/O COTON, KILGORE AND LAVIGNE, P.A.
5401 S KIRKMAN RD SUITE 500
ORLANDO FL 32819

C/O COTON, KILGORE AND LAVIGNE, P.A.
5401 S KIRKMAN RD SUITE 500
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/11/1994

2. Principal Place of Business

2a. Mailing Address

21 630 Riverview Av

26 630 Riverview Av

4. FEI Number

59-3255899

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 SANFORD FL

City & State

28 SANFORD FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

24 32771

Zip

Country

29 32771

7. This corporation has liability for franchise fees under § 199.035, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVIGNE, JAMES R
5401 S KIRKMAN RD
SUITE 500
ORLANDO FL 32819

81 Name

EILEEN MILLS

82 Street Address (P.O. Box Number is Not Acceptable)

630 Riverview Av

83

84 City SANFORD

FL

85 Zip Code 32771

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:

Eileen Mills

(Print Name of Registered Agent and Title if applicable)

June 1st 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | MILLS, TERENCE E C |
| STREET ADDRESS | 43 DRAYTON LN |
| CITY ST ZIP | DRAYTON HAMPSHIRE UK |
| TITLE | D |
| NAME | MILLS, EILEEN M |
| STREET ADDRESS | 43 DRAYTON LN |
| CITY ST ZIP | DRAYTON HAMPSHIRE UK |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 630 Riverview Av |
| 1.4 CITY ST ZIP | SANFORD FL 32771 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 630 Riverview Av |
| 2.4 CITY ST ZIP | SANFORD FL 32771 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY ST ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY ST ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY ST ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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:

Eileen Mills
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

EILEEN MILLS (SECRETARY)

3-15-95

Date

407 323 2005

System Name