FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

DOCUMENT # P94000084177 (2)

1. Corporate Name
C & S PONDER ENTERPRISES, INC.

Principal Place of Business
810 NW 25TH AVE
SUITE 101
OCALA FL 34475

Mailing Address
P O BOX 5101
OCALA FL 34478

3. Date of Incorporation: 11/15/1994
3a. Date of Last Report

2. Federal Employer Identification
21

2a. Mailing Address
26

4. FEI Number: 59-3273995
Applied For / Not Applicable

Mailing Address
22

Mailing Address
27

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

City, State
23

City, State
28

6. Electronic Filing Requested [ ] $5.00 May Be Added to Fees

24 25 29 30

8. Does corporate name comply with requirements of Chapter 607 of the Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

GILL, S. RAY
613 SE FT KING ST
OCALA FL 34471

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 Section 607.0505 of the Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida and it is authorized to do so as evidenced by the corporate resolution of its board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent.

Signature

12. OFFICERS AND DIRECTORS

Title	D
Name	PONDER, SIMON
Street Address	1408 NW 19TH AVE
City, State, Zip	OCALA FL 34475
Title	D
Name	PONDER, CARLEATHER F
Street Address	1408 NW 19TH AVE
City, State, Zip	OCALA FL 34475

13. ADDITIONS AND DELETIONS OF OFFICERS AND DIRECTORS

[ ] Change [ ] Add or Delete

REMITTED BY MAY 1

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: Carleather F. Ponder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (904) 351-4732

0383620 CP