

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000072335 (9)**

1. Corporation Name
TOM REDDING AND ASSOCIATES, INC.



Principal Place of Business 6730 WHITE OAK DRIVE MIAMI LAKES FL 33014-2933	Mailing Address 6730 WHITE OAK DRIVE MIAMI LAKES FL 33014-2933
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3. Date Incorporated or Qualified 09/15/1995	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 19034 SW 100TH PLACE Suite, Apt #, etc.	2a. Mailing Address 26 19034 SW 100TH PLACE Suite, Apt #, etc.
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4. FEI Number 65-0618453	Applied For <input type="checkbox"/> Not Applicable
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22 City & State DUNNELLON, FL	27 City & State DUNNELLON, FL
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 Zip 34432-4267	Country U.S.A.	28 Zip 34432-4267	Country U.S.A.
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24 34432-4267	25 U.S.A.	29 34432-4267	30 U.S.A.
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8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent REDDING, THOMAS G P.E. 6730 WHITE OAK DRIVE MIAMI LAKES FL 33014-2933

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 19034 SW 100TH PLACE 83 84 City DUNNELLON 85 Zip Code FL 34432
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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: Thomas G. Redding APRIL 8, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDING, THOMAS G P.E.	1.2 NAME	
STREET ADDRESS	6730 WHITE OAK DRIVE	1.3 STREET ADDRESS	19034 SW 100TH PLACE
CITY-ST-ZIP	MIAMI LAKES FL 33014-2933	1.4 CITY-ST-ZIP	DUNNELLON, FL 34432-4267
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDING, ANN M	2.2 NAME	
STREET ADDRESS	6730 WHITE OAK DRIVE	2.3 STREET ADDRESS	19034 SW 100TH PLACE
CITY-ST-ZIP	MIAMI LAKES FL 33014-2933	2.4 CITY-ST-ZIP	DUNNELLON, FL 34432-4267
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas G. Redding APRIL 8, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)