

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 APR 13 PM 4:35**

DOCUMENT # **S52101** (0)

1. Corporation Name  
**UNIT 133 CORPORATION**

Principal Place of Business <b>1206 MANATEE AVE W. BRADENTON FL 34205</b>	Mailing Address <b>1206 MANATEE AVE W. BRADENTON FL 34205</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/13/1991</b>	3a. Date of Last Report <b>01/31/1994</b>
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2. Principal Place of Business	2a. Mailing Address
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4. FEI Number <b>65-0265494</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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22. City & State	27. City & State
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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23. Zip	Country	28. Zip	Country
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7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDRICKSON, ROBERT W. III  
1206 MANATEE AVE W.  
BRADENTON FL 34205**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>PD</b>	NAME <b>ESCOBEDO, SALVADOR A</b>	STREET ADDRESS <b>6013 COURTSIDE DR W.</b>	CITY- ST- ZIP <b>BRADENTON FL</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	NAME <b>HENDRICKSON, ROBERT W III</b>	STREET ADDRESS <b>1206 MANATEE AVE W.</b>	CITY- ST- ZIP <b>BRADENTON FL</b>	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 authorized 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:

*Robert W. Hendrickson, III*  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
**ROBERT W. HENDRICKSON, III**

**2/1/95**  
(Date)

**813-746-1167**  
(Telephone Number)