FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # V01524 (0)

1. Corporate Name

TNT ENTERPRISES OF MILTON, INC.

Principal Place of Business: 980 HIGHWAY 196, CANTONMENT FL

Mailing Address: 980 HIGHWAY 196, CANTONMENT FL

APPROVED AND FILED

95 MAY -1 AM 8:16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1991	3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-3097984	Applied For / Not Applicable
5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. [ ] Yes [X] No	

2. Principal Place of Business: 21 980 HIGHWAY 196	2a. Mailing Address: 26 P.O. BOX 668
Suite, Apt. # etc: 22	Suite, Apt. # etc: 27
City & State: 23 MOLINO, FLORIDA	City & State: 28 CANTONMENT, FLORIDA
Zip: 24 32577 — County: 25 ESCAMBIA	Zip: 29 32533 — County: 30 ESCAMBIA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GILBERT, DAVE 980 HIGHWAY 196 CANTONMENT FL 32533	81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable): SAME 83 84 City: MOLINO — FL — 85 Zip Code: 32577

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	SAME [X] Change [ ] Addition
NAME	GILBERT, DAVE	1 NAME	SAME
STREET ADDRESS	980 HIGHWAY 196	1 STREET ADDRESS	SAME
CITY-ST-ZIP	CANTONMENT FL 32533	1 CITY-ST-ZIP	MOLINO, FLORIDA 32577
TITLE		2 TITLE	[ ] Change [ ] Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (904) 587-2848
Date / Daytime Phone

0492458 IN