

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

APPROVED
AND
FILED

53 MAY -1 AM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V05794** (5)

1. Corporation Name:

PONDEROSA INVESTMENTS, INC.

Principal Place of Business:

Mailing Address:

PO BOX 925
STARKE FL 32091-0925
US

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STARKE FL 32091-0925
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/10/1992** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3121150** Applied For: Not Applicable:

5. Certificate of Status Desired: \$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 penalties for under 1991 Florida Statutes: Yes No

2. Principal Place of Business:

2a. Mailing Address:

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Street Address:

Street Address:

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City & State:

City & State:

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City & State:

City & State:

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNS, WILLIAM G
HCR 1, BOX 121E
HAMPTON FL 32044**

81 Name:

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

83

84 City:

FL

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Zip Code

11. Pursuant to the provisions of Sections 607.02(2), and 607.19(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of record 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 adoption of Section 607.02(2), Florida Statutes.

SIGNATURE:

Signature of Current Registered Agent

Signature of New Registered Agent

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	D JOHNS, WILLIAM GLENN PO BOX 925 N/A STARKE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY & STATE		9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY & STATE		15. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY & STATE		18. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is true, fully, faithfully, and does not qualify for the exemption stated in Sections 119.07(1)(b), Florida Statutes. I further certify that the information is not that of a registered agent or a registered agent of record, 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, and that my name appears on Block 12 or Block 13 of this report, or is an officer, director, or shareholder.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Glenn Johns **William Glenn Johns 4-25-95 (904) 468-1433**