

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 25 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V51082 (8)**
1. Corporation Name
EME YBOR, INC.

Principal Place of Business Mailing Address
601 S FREMONT AVE TAMPA FL 33606 **601 S FREMONT AVE TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2515 E. Hanna Avenue		2a. Mailing Address 26 P.O. Box 9658		3. Date Incorporated or Qualified 07/16/1992		3a. Date of Last Report 05/01/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3166104		Applied For Not Applicable	
City & State 23 Tampa, Florida		City & State 28 Tampa, Florida		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33610		Country 25 USA		Zip 29 33674-9658		Country 30 USA	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				8. Name and Address of Current Registered Agent			

WILLIAMSON, LEON A JR
601 S FREMONT AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name **Williamson, Leon A., Jr.**
82 Street Address (P.O. Box Number is Not Acceptable) **2515 E. Hanna Avenue**
83
84 City **Tampa** FL 85 Zip Code **33610**

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 officer 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURADO, JAIME 601 S FREMONT AVE TAMPA FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	D Jurado, Jaime 2515 E. Hanna Avenue Tampa, Florida 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCICERO, ANTHONY 601 S FREMONT AVE TAMPA FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	D LoCicero, Anthony 2515 E. Hanna Avenue Tampa, Florida 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, JAMES R 601 S FREMONT AVE TAMPA FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	D Davidson, James R. 2515 E. Hanna Avenue Tampa, Florida 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, FRANKLIN 601 S FREMONT AVE TAMPA FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	T Walker, Franklin 2515 E. Hanna Avenue Tampa, Florida 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<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)(k), 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; that I have the power 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 amendment with an address.

SIGNATURE: *Franklin Walker* 4/21/95 (813) 238-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #
Franklin Walker, Treasurer