

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

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DOCUMENT # V57202

(6)

1. Corporation Name

ALL THINGS ARE POSSIBLE, INC.

Principal Place of Business

212 STATE ROAD 312
ST. AUGUSTINE FL 32086

Mailing Address

212 STATE ROAD 312
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1992

3a. Date of Last Report

06/28/1994

4. FEI Number

59-3137657

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 intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

2a

State Apt. # etc.

State Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNES, BRUCE
212 STATE ROAD 312
ST. AUGUSTINE FL 32086

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 of Registered Agent (Typed Name of Registered Agent)

Signature of Registered Agent (Typed Name of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. NAME
14. STREET ADDRESS
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16. NAME
17. STREET ADDRESS
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22. NAME
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25. NAME
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27. CITY, ST, ZIP
28. NAME
29. STREET ADDRESS
30. CITY, ST, ZIP

1. NAME
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22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. NAME
26. STREET ADDRESS
27. CITY, ST, ZIP
28. NAME
29. STREET ADDRESS
30. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.031, Florida Statutes. I further certify that the information is stated in 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 owner or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name appears on Block 12 or Block 13 of the completed corporation annual report with an address.

SIGNATURE:

Carol B. Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95 904-829-5592