

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 483548 (4)

1. Corporation Name
EFFECTIVENESS, INC.

Principal Place of Business Mailing Address
**200 N. WESTSHORE
205
TAMPA FL 33609
US** **P.O. BOX 25936
P.O. BOX 25936
TAMPA FL 33622
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/28/1975** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 **1211 N. Westshore**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **107**

27

City & State

City & State

23 **TAMPA FL**

28

Zip Country

Zip Country

24 **33607**

25

29

30

4. FEI Number **59-1616672** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, ROBERT B
206 S. OCCIDENT STREET
TAMPA, FL
33609**

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 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MOORE, ROBERT B**
STREET ADDRESS **206 S. OCCIDENT ST.**
CITY - ST - ZIP **TAMPA FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VD**
NAME **MOORE, PAUL A.**
STREET ADDRESS **4714 STONEPOINTE PLACE**
CITY - ST - ZIP **TAMPA FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D**
NAME ~~**GOUGH, KAY**~~
STREET ADDRESS ~~**11211 WHEELING DRIVE**~~
CITY - ST - ZIP ~~**TAMPA FL**~~

3.1 TITLE Change Addition
3.2 NAME **D ANDERSON, SHIRLEY**
3.3 STREET ADDRESS **6819 DICKENSON CT**
3.4 CITY - ST - ZIP **TAMPA, FL 33634**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 this 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: *Robert B. Moore* Date: **4/26/95** **815-286-7322**
Signature: typed or printed name of signing officer or director