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APPROVED AND FILED

95 MAY -1 PM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # K97623 (8)
 1. Corporation Name
SELF & ROST, INC.

Principal Place of Business Mailing Address
12906 S. CLEVELAND AVE. SUITE 200 FORT MYERS FL 33913-7719
12906 S. CLEVELAND AVE. SUITE 200 FORT MYERS FL 33913-7719

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 29 Zip Country

3. Date Incorporated or Qualified **06/23/1989** 3a. Date of Last Report **02/17/1994**
 4. FEI Number **65-0129754** 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**
 6. This corporation has liability for initial public tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ROST, JAMES R.
 418 LINCOLN AVE.
 LEHIGH FL 33936**

10. Name and Address of New Registered Agent
 81 Name **SELF, ROBERT L.**
 82 Street Address (P.O. Box Number is Not Acceptable) **2525 SE 20TH PL**
 83 **CAPE CORAL**
 84 City **CAPE CORAL** FL 85 Zip Code **33904**

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 *Robert L. Self* **ROBERT L. SELF, Pres.** **3-28-95**
Signature, typed or printed name of registered agent and title (if applicable) (If title, Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SELF, ROBERT L.
STREET ADDRESS	2525 SE 20TH PLACE
CITY - ST - ZIP	CAPE CORAL FL
TITLE	V
NAME	ROST, JAMES R.
STREET ADDRESS	418 LINCOLN AVENUE
CITY - ST - ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SEC. SELF, FAYE H.
23 STREET ADDRESS	2525 SE 20TH PL
24 CITY - ST - ZIP	CAPE CORAL, FL 33904
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(a), 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, on an attachment with an address.

SIGNATURE: *Robert L. Self* **ROBERT L. SELF, Pres.** **3-28-95** **813 278-4445**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Title Date