

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -5 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S28175 (5)

1. Corporation Name
MESSICK COMPANY OF FLORIDA, INC.

Principal Place of Business: **19124 OAHU LANE SARATOGA CA 95070**
Mailing Address: **19124 OAHU LANE SARATOGA CA 95070**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/28/1991	3a. Date of Last Report 08/10/1994
4. FEI Number 77-0273236	Applied Fee Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has taken, for purposes of Section 100.002 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DART, JOHN M. DART, FORD, STRELEC & SPIVEY, P.A. 1549 RINGLING BLVD., SUITE 600 SARASOTA FL 34236		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1509, 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 607.0905, Florida Statutes.

SIGNATURE: _____ WITH Registered Agent Signature Required (See Section 607.0905)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
101. NAME D MESSICK, DARRELL E.	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102. STREET ADDRESS 19124 OAHU LANE SARATOGA CA		12. STREET ADDRESS	
103. CITY		12. CITY, ST, ZIP	
104. NAME D MESSICK, KAREN S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
105. STREET ADDRESS 19124 OAHU LANE SARATOGA CA		22. STREET ADDRESS	
106. CITY		23. CITY, ST, ZIP	
107. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	31. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
108. STREET ADDRESS		32. STREET ADDRESS	
109. CITY		33. CITY, ST, ZIP	
110. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	41. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
111. STREET ADDRESS		42. STREET ADDRESS	
112. CITY		43. CITY, ST, ZIP	
113. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	51. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
114. STREET ADDRESS		52. STREET ADDRESS	
115. CITY		53. CITY, ST, ZIP	
116. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	61. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
117. STREET ADDRESS		62. STREET ADDRESS	
118. CITY		63. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(1)(b), Florida Statutes. I further certify that the information submitted 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 of this report, or on an attachment thereto.

SIGNATURE: *Karen Sue Messick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 813 795-5714

CR2E034 (3/95)