SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 11:26

DOCUMENT # **487024** **(2)**

1. Corporation Name

ZACUR & GRAHAM, P.A.

Principal Place of Business	Mailing Address
5200 CENTRAL AVE. ST. PETERSBURG FL 33707-1834	5200 CENTRAL AVE. ST. PETERSBURG FL 33707-1834

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/02/1975**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: ~~APPLIED FOR~~ **59-1628312** ☐ 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

GRAHAM, PETER D
5200 CENTRAL AVE.
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1 1 TITLE	PTD	☒ Change ☐ Addition
NAME	MENSH, RICHARD L.	1 2 NAME	ZACUR, RICHARD A	
STREET ADDRESS	5200 CENTRAL AVE.	1 3 STREET ADDRESS	5200 CENTRAL AVE	
CITY ST ZIP	ST. PETERSBURG FL	1 4 CITY ST ZIP	ST PETERSBURG FL 33707	
TITLE	TD	2 1 TITLE	VP S D	☒ Change ☐ Addition
NAME	ZACUR, RICHARD A.	2 2 NAME	GRAHAM, PETER D	
STREET ADDRESS	5200 CENTRAL AVE.	2 3 STREET ADDRESS	5200 CENTRAL AVE	
CITY ST ZIP	ST. PETERSBURG FL	2 4 CITY ST ZIP	ST PETERSBURG FL 33707	
TITLE	SD	3 1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, PETER D.	3 2 NAME		
STREET ADDRESS	5200 CENTRAL AVE.	3 3 STREET ADDRESS		
CITY ST ZIP	ST. PETERSBURG FL	3 4 CITY ST ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST ZIP		4 4 CITY ST ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		6 4 CITY ST ZIP		

CR2E034 (3/95)

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)(i), 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, or on an attachment with an address.

SIGNATURE: Peter D Graham PETER D GRAHAM 6/10/95 813-328-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0102610 CP