FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAY 31 AM 8:15

DOCUMENT # **511379** **(0)**

1. Corporation Name
ROSS, STEVENS & JOHNSON, INC.

Principal Place of Business	Mailing Address
30801 US 19. NORTH. STE. 201 PO BOX 396 PALM HARBOR FL 34682	30801 US 19. NORTH. STE. 201 PO BOX 396 PALM HARBOR FL 34682

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/27/1976**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1688663** ☐ Applied For ☐ Not Applicable

Suite, Apt #, etc — 22
Suite, Apt #, etc — 27
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RICHARD L. ALFORD
1550 S. HIGHLAND AVE.
CLEARWATER FL 34616

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDV	11 TITLE	☐ Change ☐ Addition
NAME	ROSS, KARALEE	12 NAME	
STREET ADDRESS	50 ORCHARD CT.	13 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HEFFERON, WILLIAM H	22 NAME	
STREET ADDRESS	400 PLAZA DR.	23 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY	24 CITY-ST-ZIP	
TITLE	CPD	31 TITLE	☐ Change ☐ Addition
NAME	ROSS, HUGH H., III	32 NAME	
STREET ADDRESS	50 ORCHARD CT.	33 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	STEVENS, MARY	42 NAME	
STREET ADDRESS	30801 U.S. HWY 19, NORTH	43 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ERNSTROM, CARL	52 NAME	
STREET ADDRESS	400 PLAZA DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY	54 CITY-ST-ZIP	
TITLE	VT	61 TITLE	☐ Change ☐ Addition
NAME	ROSS, KARALEE	62 NAME	
STREET ADDRESS	50 ORCHARD CT.	63 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	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)(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 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: Karalee Ross 5/25/95 (813)785-7145
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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