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

APPROVED AND FILED

95 JAN 31 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601621 (6)

1. Corporation Name
MCLIN, BURNSED, MORRISON, JOHNSON & ROBUCK, PROF ESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
1000 WEST MAIN STREET LEESBURG FL 34748-4925	1000 WEST MAIN STREET LEESBURG FL 34748-4925

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1969
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business 21
2a. Mailing Address 26

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27

City & State 23
City & State 28

Zip 24 Country 25
Zip 29 Country 30

4. FEI Number: 59-1275664 ☐ 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

MCLIN III, WALTER S
1000 W MAIN ST
LEESBURG FL 32748

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MCLIN III, WALTER S	1.2 NAME	NEWMAN, RICHARD P.	
STREET ADDRESS	1000 W MAIN ST	1.3 STREET ADDRESS	1000 W. Main St.	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, STEPHEN W.	2.2 NAME		
STREET ADDRESS	1000 W MAIN ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, FRED A	3.2 NAME		
STREET ADDRESS	1000 W MAIN ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 00000	3.4 CITY-ST-ZIP		
TITLE	TDS	4.1 TITLE		☐ Change ☐ Addition
NAME	BURNSED, R DEWEY	4.2 NAME		
STREET ADDRESS	1000 W MAIN ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBUCK, H.D., JR.	5.2 NAME		
STREET ADDRESS	1000 WEST MAIN STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ROY, STEVEN M.	6.2 NAME		
STREET ADDRESS	1000 MAIN ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP		

2/3

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 above or on an attachment with an X next to it.

SIGNATURE: Fred A. Morrison Fred A. Morrison, Secretary 1/25/95 904-787-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0375664 CP