FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 29-46 0399-C (6)DOCUMENT # L. ALEXANDER VANCE, P.A. Principal Place of Business Mailing Address 200 BREVARD AVE. 200 BREVARD AVE. **COCOA FL 32922** COCOA FL 32922 HS. HS 3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1979 03/07/1995 2. Principal Place of Business 2a. Mailing Address 4. EEI Number Applied For 59-1873209 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Aleyan Jance VANCE, L. ALEXANDER Street Address (P.O. Box Number Is Not Acceptable) 82 400 JULIA ST. STE B TITUSVILLE FL 32796 83 LENOL! ^{Zp Coo}ን 2 32 92 2 84 85 6020 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: syried or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THEF 1. 1 TITLE ☐ Change Addition VANCE, L. ALEXANDER NAME 1.2 NAME 200 BREVARD AVE. STREET ADDRESS 1.3 STREET ADDRESS COCOA FL C-14 - ST - 2 P 1.4 CITY-ST-ZIP TILE TT DELETE 2 1 TITLE ☐ Change ☐ Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS C-TY-\$1-7P 24 CITY - ST - ZIP DELETE T-TLE 3 1 TITLE ☐ Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS C:1Y-S1-Z:P 34 CITY - ST - ZIP TILF DELETE 4 1 TITLE Change Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-SI-ZiP 44 CITY - ST - ZIP DELETE TILE 5 1 THILE Change Addition NAM: 52 NAME STREET ADDRESS 53 STREET ADDRESS City St Zift 5 4 CITY-ST-ZIP THE DELETE 6 1 TITLE Change Addition 62 NAME STREET ADDRESS. 63 STREET ADDRESS City - \$1 - ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing certify that the information indicated on this a mult report of cath; that I am an officer or director of the command or the appears in Block 12 or Block 13 if changed on an agrache is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

supply nental annual report is true and accurate and that my signature shall have the same legal effect as if made under e reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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