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 APR 17 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G07642 (3)

1. Corporation Name
HUMPHREY & KNOTT, P.A.

Principal Place of Business	Mailing Address
% JAMES T. HUMPHREY 1625 HENDRY ST., S-301 - P.O. BOX 2449 FORT MYERS FL 33902-449? US	% JAMES T. HUMPHREY 1625 HENDRY ST., S-301 - P.O. BOX 2449 FORT MYERS FL 33902-449? US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1982
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 33902-2449
Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 33902-2449
Country: 30

4. FEI Number: 59-2228541 ☐ 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

HUMPHREY, JAMES T.
1625 HENDRY ST., S-301
FORT MYERS FL 33901

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	DP	1.1 TITLE	D/ Assistant Vice-President	☐ Change ☒ Addition
NAME	HUMPHREY, JAMES T	1.2 NAME	Horowitz, Mark A.	
STREET ADDRESS	1625 HENDRY ST, S-301	1.3 STREET ADDRESS	1625 Hendry St., Suite 301	
CITY-ST-ZIP	FT MYERS FL 33901	1.4 CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	CONSOER, GEORGE L.	2.2 NAME		
STREET ADDRESS	1625 HENDRY ST, S-301	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	KNOTT, GEORGE H.	3.2 NAME		
STREET ADDRESS	1625 HENDRY ST., S-301	3.3. STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	EBELINI, MARK A.	4.2 NAME		
STREET ADDRESS	1625 HENDRY ST., S-301	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901	4.4 CITY-ST-ZIP		
TITLE	ATD	5.1 TITLE		☐ Change ☐ Addition
NAME	HART, THOMAS B	5.2 NAME		
STREET ADDRESS	1625 HENDRY STREET, S-301	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901	5.4 CITY-ST-ZIP		
TITLE	ASD	6.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, GAREY F	6.2 NAME		
STREET ADDRESS	1625 HENDRY STREET, S-301	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901	6.4 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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE L. CONSOER, JR., VICE-PRESIDENT — Date: 4/12/95 — Daytime Phone #: 813-334-2722

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