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 28 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G20804 (2)

1. Corporation Name
COLEMAN KNOTT & ASOCIATES, INC.

Principal Place of Business	Mailing Address
5940 PALMER BLVD. 5550 BEE RIDGE RD #1-E SARASOTA FL 34232-2842 US	5940 PALMER BLVD. 5550 BEE RIDGE RD #1-E SARASOTA FL 34232-2842 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1983
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 5940 Palmer Boulevard	26 5940 Palmer Boulevard
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sarasota, Florida	City & State 28 Sarasota, Florida
Zip / Country 24 34232-2842 / 25 Sarasota	Zip / Country 29 34232-2842 / 30 Sarasota

4. FEI Number: 59-2276403 ☐ 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

KNOTT, COLEMAN C.
4899 FALLCREST CIRCLE
SARASOTA FL 34233

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		☐ Change ☐ Addition
NAME	KNOTT, COLEMAN C.	1.2 NAME		
STREET ADDRESS	4899 FALLCREST CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	KNOTT, MIRIAM W	2.2 NAME		
STREET ADDRESS	4899 FALLCREST CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	EVP	3.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, HARRY T	3.2 NAME		
STREET ADDRESS	5221 SAN JUAN DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	DUCKWORTH, JENNIE W	4.2 NAME	Fred W. Lewis	
STREET ADDRESS	2200 FLOYD STREET	4.3 STREET ADDRESS	516 Bailey Road	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	AS	5.1 TITLE		☒ Change ☐ Addition
NAME	LANIER, SARAH E	5.2 NAME		
STREET ADDRESS	5510 KENSINGTON ST.	5.3 STREET ADDRESS	516 Albritton Ave.	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34232	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0340091 CP