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 MAR -8 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G50334 (3)

1. Corporation Name

G.A. REPPLE & COMPANY - INVESTMENT ADVISORS, INC

Principal Place of Business	Mailing Address
2600 MAITLAND CENTER PARKWAY STE 162 MAITLAND FL 32751 US	2600 MAITLAND CTR PARKWAY STE 162 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1983
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21 101 Normandy Rd	26 101 Normandy Rd
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27 Suite 101
City & State 23 Casselberry FL.	City & State 28 Casselberry FL
Zip / Country 24 32707 / 25 Seminole	Zip / Country 29 32707 / 30 Seminole

4. FEI Number: 59-2320230 ☐ 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

REPPLE, GLENN A.
2600 MAITLAND CENTER PARKWAY
STE 162
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 101 Normandy Rd.

83 Casselberry FL Suite 101

84 City: FL 85 Zip Code: 32707

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 investigated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	REPPLE, GLENN A	1.2 NAME		
STREET ADDRESS	4932 TUSKABAY CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	~~SD~~	2.1 TITLE		☒ Change ☐ Addition
NAME	~~ALDANO, SANDRA J.~~	2.2 NAME		
STREET ADDRESS	~~401 CITADEL DR.~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	2.4 CITY-ST-ZIP	Delete	
TITLE	~~TD~~	3.1 TITLE		☒ Change ☐ Addition
NAME	~~REPPLE, JOAN S.~~	3.2 NAME		
STREET ADDRESS	~~4932 TUSKABAY CT.~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~WINTER SPRINGS FL~~	3.4 CITY-ST-ZIP	Delete	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
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 truthful, 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: _____ 2/28/95 _____ 407-339-9090
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

President

0042720 CP