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FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

**MOSS, HENDERSON, VAN GAASBECK, BLANTON & KOVAL,
P.A.**

Principal Place of Business

Mailing Address

* GEORGE H. MOSS. H
817 BEACHLAND BLVD.
VERO BEACH FL 32963

% GEORGE H. MOSS, III
817 BEACHLAND BLVD.
VERO BEACH FL 32963

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc
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26 Suite, Apt. #, etc.

22 City & State

27 _____
City & State

23	Zip	Country
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MOSS, GEORGE H., II
817 BEACHLAND BLVD.
VERO BCH. FL 32963

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, typed or printed name of registered agent and title and position

NOTE: Frequency

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MOSS II, GEORGE H	
STREET ADDRESS	817 BEACHLAND BLVD	
CITY - ST - ZIP	VERO BCH, FL 00000	

TITLE	VD	☐ DELETE
NAME	LANIER, CLINTON W	
STREET ADDRESS	817 BEACHLAND BLVD.	
CITY - ST - ZIP	VERO BCH, FL	

TITLE	STD	☐ DELETE
NAME	HENDERSON, STEVEN L.	
STREET ADDRESS	817 BEACHLAND BLVD.	
CITY-ST-ZIP	VERO BCH. FL	

TITLE	D	☐ DELETE
NAME	VAN GAASBECK, EVERET J.	
STREET ADDRESS	817 BEACHLAND BLVD.	
CITY - ST - ZIP	VERO BCH. FL	

TITLE	D	☐ DELFTE
NAME	BLANTON, ROBIN A.	
STREET ADDRESS	817 BEACHLAND BLVD.	
CITY - ST - ZIP	VERO BCH. FL	

TITLE	D	☐ DELETE
NAME	KOVAL, THOMAS A.	
STREET ADDRESS	817 BEACHLAND BLVD.	
CITY - ST - ZIP	VERO BCH, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 _____ DATE _____

11 ☐ Change ☐ Addition

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14. 5 SIZING

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3	ST ADDRESS		
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4		☐ Change	☐ Addition

4	FILE ADDRESS		
5	SLIP	☐ Change	☐ Addition

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6.1	FILE		☐ Change	☐ Addition
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6.3	FILE ADDRESS			
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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; employee appears in Block 12 or Block 13; if changed, or on an attachment with an address	does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further true and accurate and that my signature shall have the same legal effect as if made under to execute this report as required by Chapter 607, Florida Statutes; and that my name
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SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOR

4-17-96. 407-231-1900