

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
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 PM 3:14

DOCUMENT # H61750 (6)
1. Corporation Name
**LYBARGER, KEITH & MCLEAN, P.A. CERTIFIED PUBLIC
ACCOUNTANTS**

Principal Place of Business 300 N. CIRCLE P.O. BOX 1102 SEBRING FL 33870	Mailing Address 300 N. CIRCLE P.O. BOX 1102 SEBRING FL 33870
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1985	3a. Date of Last Report 03/22/1994
21		26		4. FEI Number 59-2539310	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip
30		31		32	Country
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LYBARGER, BRUCE J. 300 N. CIRCLE SEBRING FL 33870		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 _____ (Signature: Printed a printed name of registered agent and date of appointment) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	LYBARGER, BRUCE J.	1.2 NAME	
STREET ADDRESS	300 NORTH CIRCLE	1.3 STREET ADDRESS	
CITY, ST, ZIP	SEBRING FL	1.4 CITY, ST, ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	MCLEAN, DOUGLAS A.	2.2 NAME	
STREET ADDRESS	2707 GREENACRE DR	2.3 STREET ADDRESS	
CITY, ST, ZIP	SEBRING FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
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 voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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. I am an officer or director of this 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 as an addendum with my address.

SIGNATURE:  DOUGLAS A. MCLEAN 1/10/95 (813) 385-8850
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR