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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:30

DOCUMENT # J75970 (0)

1. Corporation Name
JONES AND CARDOZO, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~3665 BEE RIDGE RD~~ ~~SUITE 110~~ SARASOTA FL ~~34235~~	~~3665 BEE RIDGE RD~~ ~~SUITE 110~~ SARASOTA FL ~~34233~~

3. Date Incorporated or Qualified: 06/01/1987
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 1800 SECOND STREET	26 1800 SECOND STREET
22 Suite, Apt. #, etc. STE. 808	27 Suite, Apt. #, etc. STE. 808
23 City & State SARASOTA, FL	28 City & State SARASOTA, FL
24 Zip 34236 25 Country	29 Zip 34236 30 Country

4. FEI Number: 59-2810092 ☐ 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	10. Name and Address of New Registered Agent
JONES, ALLAN E. ~~3665 BEE RIDGE RD. STE#110~~ ~~SUITE 110~~ SARASOTA FL ~~34233~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET STE. 808 83 84 City SARASOTA, FL 85 Zip Code 34236

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: Allan E. Jones (Signature, typed or printed name of registered agent and, if applicable, the office address of registered agent) NOTE: Registered Agent signature required when reinstating DATE: 1-17-1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	JONES, ALLAN E.	12 NAME	
STREET ADDRESS	3665 BEE RIDGE RD. #110	13 STREET ADDRESS	1800 SECOND STREET, STE808
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	CARDOZO, JOSEPH L	22 NAME	
STREET ADDRESS	3665 BEE RIDGE ROAD #110	23 STREET ADDRESS	1800 SECOND STREET, STE 808
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 above, or on an attachment with an address.

SIGNATURE: Allan E. Jones 1-17-95 813-954-4544
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
ALLAN E. JONES

0340101 CP