

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90073 002 \*\*\*150.00

0080055

|                                                |                                                                                   |                                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # J87272

1. Corporation Name

HUNTER, PATILLO & MARCHMAN, P.A.

Principal Place of Business

% KENNETH R. MARCHMAN  
243 W. PARK AVE.  
WINTER PARK FL 32789

Mailing Address

% KENNETH R. MARCHMAN  
243 W. PARK AVE.  
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                       |  |                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|---------------------------------------------------------|--|
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2a. Mailing Address                                   |  | 3. Date Incorporated or Qualified                       |  |
| 21 227 W. Park Ave                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 26 227 W. Park Ave                                    |  | 08/13/1987                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Suite, Apt. #, etc.                                   |  | 4. FEI Number                                           |  |
| 22 Winter Park, FL                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 27 Winter Park, FL                                    |  | 59-2859138                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | City & State                                          |  | Applied For                                             |  |
| 23 32789 USA                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 28 32789 USA                                          |  | Not Applicable                                          |  |
| Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Zip Country                                           |  | 5. Certificate of Status Desired                        |  |
| 24 32789 25                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 29 32789 30                                           |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 9. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 10. Name and Address of New Registered Agent          |  |                                                         |  |
| MARCHMAN, KENNETH R.<br>243 W. PARK AVE.<br>WINTER PARK FL 32789                                                                                                                                                                                                                                                                                                                                                                                                |  | 81 Name                                               |  |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 83 227 W. Park Ave                                    |  |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1/14/99                                                                                                                                                                                                                                                                                                         |  |                                                       |  |                                                         |  |

|                            |                      |                                                       |                                                                              |
|----------------------------|----------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
| TITLE                      | D                    | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HUNTER, DANIEL M.    | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 243 W. PARK AVE.     | 1.3 STREET ADDRESS                                    | 227 W. Park Ave                                                              |
| CITY-ST-ZIP                | WINTER PARK FL       | 1.4 CITY-ST-ZIP                                       | Winter Park, FL 32789                                                        |
| TITLE                      | D                    | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PATILLO, JOHN T.     | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 243 W. PARK AVE.     | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | WINTER PARK FL       | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | D                    | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARCHMAN, KENNETH R. | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 243 W. PARK AVE.     | 3.3 STREET ADDRESS                                    | 227 W. Park Ave                                                              |
| CITY-ST-ZIP                | WINTER PARK FL       | 3.4 CITY-ST-ZIP                                       | Winter Park, FL 32789                                                        |
| TITLE                      |                      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |                                                                              |

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)