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 MAR 24 PM 2:35

DOCUMENT # K47990 (2)

1. Corporation Name
MICHAEL SAUNDERS & COMPANY OF ANNA MARIA, INC.

Principal Place of Business	Mailing Address
3222 EAST BAY DRIVE HOLMES BEACH FL 34217 US	3222 EAST BAY DRIVE HOLMES BEACH FL 34217 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1988
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21 3224 EAST BAY DRIVE
22 Suite, Apt. #, etc.
23 City & State: HOLMES BEACH, FL
24 Zip: 34217
25 Country: US

2a. Mailing Address
26 3224 EAST BAY DRIVE
27 Suite, Apt. #, etc.
28 City & State: HOLMES BEACH, FL
29 Zip: 34217
30 Country: US

4. FEI Number: ~~NOT APPLICABLE~~ 65-0506703 ☐ 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

BARRETT, LINDA
1801 MAIN STREET
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: EISEMAN, SAUL
82 Street Address (P.O. Box Number is Not Acceptable): 1801 MAIN STREET
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: Saul Eiseman
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
~~TITLE~~	D	1.1 TITLE		☒ Change ☐ Addition
NAME	LYNN, GENE	1.2 NAME		
STREET ADDRESS	1801 MAIN STREET	1.3 STREET ADDRESS	NO LONGER ASSOCIATED WITH COMPANY	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	LYNN, MICHAEL SAUNDERS	2.2 NAME	SAUNDERS, MICHAEL	
STREET ADDRESS	1801 MAIN STREET	2.3 STREET ADDRESS	1801 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	DV	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BARRETT, LINDA	3.2 NAME	BARRETT, LINDA	
STREET ADDRESS	1801 MAIN STREET	3.3 STREET ADDRESS	1801 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	SDT	4.1 TITLE	SDT	☒ Change ☐ Addition
NAME	EILEMAN, SAUL	4.2 NAME	EISEMAN, SAUL	
STREET ADDRESS	1801 MAIN STREET	4.3 STREET ADDRESS	1801 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP	SARASOTA, FL 34236	
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 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: Saul Eiseman 3/16/95 (813) 951-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0347701 CR