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

DOCUMENT # **K81721** **(8)**

1. Corporation Name
ELLIS & MENARD, P.A.

Principal Place of Business	Mailing Address
500 E KENNEDY BLVD #100 P O BOX 3366 TAMPA FL 33601	500 E KENNEDY BLVD #100 P O BOX 3366 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1989	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2942401	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 500 E. Kennedy Blvd	26 500 E. Kennedy Blvd.
Suite, Apt. #, etc 22 Suite 1000	Suite, Apt. #, etc 27 Suite 100
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33602 Country 25 USA	Zip 29 33602 Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ELLIS, DAVID R. 500 E KENNEDY BLVD #100 TAMPA FL 33602	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, typed or printed name of registered agent and the date signed) (NEW Registered Agent's signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☑ Change ☐ Addition
NAME	ELLIS, DAVID R.	12 NAME		
STREET ADDRESS	500 E KENNEDY BLVD #100	13 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	33602	
TITLE	V	21 TITLE		☒ Change ☐ Addition
NAME	MCKEON, LESLIE A	22 NAME		
STREET ADDRESS	500 E KENNEDY BLVD #100	23 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	33602	
TITLE	AV	31 TITLE		☒ Change ☐ Addition
NAME	GRIFFIN, DAVID A	32 NAME		
STREET ADDRESS	500 E KENNEDY BLVD #100	33 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	33602	
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	MENARD, JOHN S.	42 NAME		
STREET ADDRESS	500 E KENNEDY BLVD 100	43 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	33602	
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 if changed, or on an attachment with an address.

SIGNATURE: David R. Ellis 03/13/95 850279340
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Telephone Number

0302498 CR