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APPROVED AND FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L69379 (0)

1. Corporation Name

~~FRANCES D. DEGRAW, P.A.~~

DeGRAW + Associates, PA

Principal Place of Business	Mailing Address
359 CAROLINA AVE., SUITE A WINTER PARK FL 32789-3170	359 CAROLINA AVE., SUITE A WINTER PARK FL 32789-3170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1990
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 1270 ORANGE AVE	26 1270 ORANGE Ave.
Suite, Apt. #, etc. 22 Suite A	Suite, Apt. #, etc. 27 Suite A
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip 24 32789 Country 25 ORANGE	Zip 29 32789 Country 30 ORANGE

4. FEI Number: 59-3000191 ☐ 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

DEGRAW, FRANCES D.
359 CAROLINA AVE., SUITE A
WINTER PARK FL 32789-3170

10. Name and Address of New Registered Agent

91 Name: DeGraw, Frances D.
92 Street Address (P.O. Box Number is Not Acceptable): 1270 ORANGE Ave. Ste A
93
84 City: Winter Park FL 85 Zip Code: 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] FRANCES D. DeGRAW 4/27/95
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
1 TITLE: PTSD	1 TITLE: PTSD ☑ Change ☐ Addition
2 NAME: DEGRAW, FRANCES D.	2 NAME: DeGraw, Frances D.
3 STREET ADDRESS: 359 CAROLINA AVE., SUITE A	3 STREET ADDRESS: 1270 ORANGE Ave, STE A
4 CITY-ST-ZIP: WINTER PARK FL 32789-3170	4 CITY-ST-ZIP: Winter Park, FL 32789
5 TITLE	5 TITLE ☐ Change ☐ Addition
6 NAME	6 NAME
7 STREET ADDRESS	7 STREET ADDRESS
8 CITY-ST-ZIP	8 CITY-ST-ZIP
9 TITLE	9 TITLE ☐ Change ☐ Addition
10 NAME	10 NAME 600001480906
11 STREET ADDRESS	11 STREET ADDRESS -05/09/95--01095--024
12 CITY-ST-ZIP	12 CITY-ST-ZIP ****200.00 ****200.00
13 TITLE	13 TITLE ☐ Change ☐ Addition
14 NAME	14 NAME
15 STREET ADDRESS	15 STREET ADDRESS
16 CITY-ST-ZIP	16 CITY-ST-ZIP
17 TITLE	17 TITLE ☐ Change ☐ Addition
18 NAME	18 NAME
19 STREET ADDRESS	19 STREET ADDRESS
20 CITY-ST-ZIP	20 CITY-ST-ZIP
21 TITLE	21 TITLE ☐ Change ☐ Addition
22 NAME	22 NAME
23 STREET ADDRESS	23 STREET ADDRESS
24 CITY-ST-ZIP	24 CITY-ST-ZIP 5/1/95 mst

14. I declare I 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 a 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 of part A or on an attachment with an address.

SIGNATURE: [signature] FRANCES D. DeGRAW 4/27/95 (407)647-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0047200 CP