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

APPROVED AND FILED
95 MAY -1 PM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20870** **(2)**

1. Corporation Name
FERNALD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1757 BOCA RATON FL 33429	P.O. BOX 1757 BOCA RATON FL 33429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 04-2657593 ☐ 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

FERNALD, OLAF H.
891 HICKORY TERR.
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

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 # associated) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	☐ Change	☒ Addition
NAME	FERNALD, OLAF H.	12 NAME		
STREET ADDRESS	891 HICKORY TERR.	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	33486	
TITLE	SD	21 TITLE	☐ Change	☒ Addition
NAME	FERNALD, JEANNE O.	22 NAME		
STREET ADDRESS	891 HICKORY TERR.	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	33486	
TITLE	D	31 TITLE	☒ Change	☐ Addition
NAME	FERNALD, G. LAWRENCE	32 NAME		
STREET ADDRESS	432 OLD CHATHAM RD., #206	33 STREET ADDRESS	34 Emerald Lane	
CITY-ST-ZIP	SOUTH DENNIS MA	34 CITY-ST-ZIP	Marstons Mills, MA	02648
TITLE	D	41 TITLE	☐ Change	☒ Addition
NAME	FERNALD, JONATHAN D.	42 NAME		
STREET ADDRESS	96 LAKE ST	43 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON MA	44 CITY-ST-ZIP	02174	
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: Olaf H. Fernald Olaf H. Fernald 4/25/95 407-750-3628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430076 FP