FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

'95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002150 (9)

1. Corporation Name

SEXTON & COMPANY, CPA'S P.A.

Principal Place of Business	Mailing Address
~~519 NW 60TH STREET~~ ~~SUITE E~~ ~~GAINESVILLE FL~~	~~519 NW 60TH STREET~~ ~~SUITE E~~ ~~GAINESVILLE FL~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1993

3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 4432 NW 23rd Ave	26 4432 NW 23rd Ave
Suite, Apt. #, etc. 22 Suite 3	Suite, Apt. #, etc. 27 Suite 3
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip 24 32606 Country 25	Zip 29 32606 Country 30

4. FEI Number: 59-3162400 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~FREIX, CATHERINE M~~ ~~519 N.W. 60TH STREET~~ ~~SUITE E~~ ~~GAINESVILLE FL 32607~~	81 Name: Sexton, Linda K 82 Street Address (P.O. Box Number is Not Acceptable): 4432 NW 23rd Ave, ~~Suite 3~~ 83 Suite 3 84 City: Gainesville FL 85 Zip Code: 32606

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: Linda K Sexton

(Typed or Printed Name of Registered Agent and Title if Officer) (If Changing Registered Agent, Signature of Registered Agent Required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	01 TITLE	President ☒ Change ☐ Addition
02 NAME	SEXTON, LINDA K	02 NAME	
03 STREET ADDRESS	519 N.W. 60TH ST. SUITE E	03 STREET ADDRESS	4432 NW 23rd Ave, Suite 3
04 CITY ST ZIP	GAINESVILLE FL 32607	04 CITY ST ZIP	Gainesville, FL 32606
05 TITLE	D	05 TITLE	☐ Change ☐ Addition
06 NAME	~~FREIX, CATHERINE M~~	06 NAME	
07 STREET ADDRESS	~~519 N.W. 60TH ST. SUITE E~~	07 STREET ADDRESS	
08 CITY ST ZIP	~~GAINESVILLE FL 32607~~	08 CITY ST ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
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	

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 above, or on an attachment with an address.

SIGNATURE: Linda K Sexton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003549 CP