FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000073479 (5)**

1. Corporation Name

AUDE, SHAND & WILLIAMS, INC.

Principal Place of Business	Mailing Address
1445 COURT ST. CLEARWATER FL 34616	1445 COURT ST. CLEARWATER FL 34616

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business
21: 19353 U.S. Hwy. 19, N.
Suite, Apt. #, etc.
22: Suite 101
City & State
23: Clearwater, FL
Zip 24: 34624 Country 25: USA

2a. Mailing Address
26: 19353 U.S. Hwy. 19, N.
Suite, Apt. #, etc.
27: Suite 101
City & State
28: Clearwater, FL
Zip 29: 34624 Country 30: USA

4. FEI Number: 59-3271123 ☐ 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

SHAND, ARTHUR C
1445 COURT ST.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: Arthur Shand
82 Street Address (P.O. Box Number is Not Acceptable): 19353 U.S. Hwy. 19, North, Ste. 101
83
84 City: Clearwater FL 85 Zip Code: 34624

11. Pursuant to the provisions of Section 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: _____ 4/29/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP AUDE, ROBERT J 1445 COURT ST. CLEARWATER FL 34616	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Aude, Robert J 19353 U.S. Hwy. 19, N., Ste. 101 Clearwater, FL 34624	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SHAND, ARTHUR C 1445 COURT ST. CLEARWATER FL 34616	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DST Shand, Arthur C 19353 U.S. Hwy. 19, N. Ste. 101 Clearwater, FL 34624	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	900001834309 -05/22/96--01037--039 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	5-1-96 OR	☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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: _____ President 4/29/96 (813) 535-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #