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 MAR -3 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S11120 (0)

1. Corporation Name
MELVILLE & FOWLER, P.A.

Principal Place of Business	Mailing Address
PO BOX 850 FT. PIERCE FL 34954	PO BOX 850 FT. PIERCE FL 34954

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/06/1990
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21: 2940 S. 25TH St.
22: Suite, Apt. #, etc.
23: City & State: Fort Pierce
24: Zip: 34981
25: Country:

2a. Mailing Address
26: 2940 S. 25TH St.
27: Suite, Apt. #, etc.
28: City & State: Fort Pierce
29: Zip: 34981
30: Country:

4. FEI Number: 65-0239571 ☐ 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

MELVILLE, HAROLD G
300 S 6TH ST
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2940 S. 25TH St.
83:
84 City: Ft. Pierce FL 85 Zip Code: 34981

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE		☒ Change ☐ Addition
NAME	MELVILLE, HAROLD G.	1.2 NAME		
STREET ADDRESS	300 S 6TH ST	1.3 STREET ADDRESS	2940 S. 26TH St.	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	Ft. Pierce FL. 34981	
TITLE	VSD	2.1 TITLE		☒ Change ☐ Addition
NAME	FOWLER, MICHAEL D.	2.2 NAME		
STREET ADDRESS	300 S 6TH ST	2.3 STREET ADDRESS	2940 S. 25TH St.	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Ft. Pierce FL. 34981	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: HAROLD G. MELVILLE 2/24/95 (407) 464-7900
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0463031 FP