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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:40

DOCUMENT # S15795 (5)

1. Corporation Name
GILLIGAN AND KING, P.A.

Principal Place of Business	Mailing Address
7 E SILVER SPRINGS BLVD SUITE 405 OCALA FL 32670	7 E SILVER SPRINGS BLVD SUITE 405 OCALA FL 32670

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	21 7 E. Silver Springs Blvd
Suite, Apt. #, etc.	22 # 500
City & State	23 OCALA, Fl
Zip	24 34470
Country	25
2a. Mailing Address	26 7 E. Silver Springs Blvd.
Suite, Apt. #, etc.	27 # 500
City & State	28 OCALA, FL
Zip	29 34470
Country	30

3. Date Incorporated or Qualified: 11/28/1990
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-3040825 ☐ 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

GILLIGAN, PATRICK G.
7 E SILVER SPRINGS, BLVD
SUITE 405
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name: Gilligan, Patrick G
82 Street Address (P.O. Box Number Is Not Acceptable): 7 E. Silver Springs Blvd.
83 SUITE 500
84 City: OCALA FL 85 Zip Code: 34470

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	GILLIGAN, PATRICK G.
STREET ADDRESS	2840 SE 25TH TERR
CITY-ST-ZIP	OCALA FL
TITLE	PTD
NAME	KING, FRANCES S.
STREET ADDRESS	700 SE 48TH AVE
CITY-ST-ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PTD	☒ Change ☐ Addition
2.2 NAME	KING, ALLAN	
2.3 STREET ADDRESS	700 SE 48TH AVE	
2.4 CITY-ST-ZIP	OCALA FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: [signature] 1/10/95 904 867-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICK G. GILLIGAN

0350417 CP