SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 26 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S75439** **(7)**

1. Corporation Name
LAHART & LAHART, P.A.

Principal Place of Business	Mailing Address
P.O. BOX 1470 PANAMA CITY FL 32402-1470	P.O. BOX 1470 PANAMA CITY FL 32402-1470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1991
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21: 514 MAGNOLIA AVENUE
Suite, Apt #, etc.
22: PANAMA CITY, FL
City & State
23: 32401
Zip / 24 / Country / 25: U.S.A.

2a. Mailing Address
26: P.O. BOX 1470
Suite, Apt #, etc.
27: —
City & State
28: PANAMA CITY FL
Zip 29: 32402 / Country 30: U.S.A.

4. FEI Number: 59-3081249 ☐ 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

LAHART, ROBERT T.
514 MAGNOLIA AVE.
PANAMA CITY FL 32401

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 of new registered agent, if appointed) (Name of Registered Agent Typed or Printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LAHART, ROBERT T.	12 NAME	
STREET ADDRESS	514 MAGNOLIA, AVE.	13 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY FL	14 CITY ST ZIP	
TITLE	~~VPS~~	21 TITLE	☑ Change ☐ Addition
NAME	~~LAHART, SHERRI DENTON~~	22 NAME	Resigned effective 6-9-95
STREET ADDRESS	~~514 MAGNOLIA AVENUE~~	23 STREET ADDRESS	
CITY ST ZIP	~~PANAMA CITY, FL D~~	24 CITY ST ZIP	
TITLE	~~T~~	31 TITLE	☑ Change ☐ Addition
NAME	~~LAHART, SHERRI DENTON~~	32 NAME	Resigned effective 6-9-95
STREET ADDRESS	~~514 MAGNOLIA AVENUE~~	33 STREET ADDRESS	
CITY ST ZIP	~~PANAMA CITY FL~~	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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	

CR2E034 (3/95)

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: [signature] Robert T. Lahart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-95 (904) 784-6075
Date (Daytime Phone #)

D120182 FP