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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 FEB 14 PM 12:14

DOCUMENT # V02913 (4)

1. Corporation Name
SWEENEY HARBERT & MUMMERT, INC.

Principal Place of Business	Mailing Address
777 S. HARBOUR ISLAND BLVD. SUITE 130 TAMPA FL 33602	777 S. HARBOUR ISLAND BLVD. SUITE 130 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1991
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-3099005 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HARBERT, DAVID O.
777 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA FL 33602

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ 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	VPS	1.1 TITLE	VPT	☒ Change ☐ Addition
NAME	MUMMERT, DENNIS D	1.2 NAME	~~[illegible]~~	
STREET ADDRESS	3141 LAKE ELLEN DR	1.3 STREET ADDRESS	Sweeney, James W 4916 New Providence Ave	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL	
TITLE	VPT	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	HARBERT, DAVID O	2.2 NAME	Harbert, David O.	
STREET ADDRESS	2413 BAYSHORE BLVD	2.3 STREET ADDRESS	2413 Bayshore Blvd	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL	
TITLE	P	3.1 TITLE	VPS	☒ Change ☐ Addition
NAME	SWEENEY, JAMES W	3.2 NAME	Mummert, Dennis D.	
STREET ADDRESS	4916 NEW PROVIDENCE AVE	3.3 STREET ADDRESS	3141 Lake Ellen Dr.	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL	
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)(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: David O. Harbert 1/11/95 813-229-5360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000124 CP