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 17 AM 11:39

DOCUMENT # V05808 (3)

1. Corporation Name
TRUEX AND EARNEST, P.A.

Principal Place of Business
6800-B GRIFFIN ROAD
SUITE B
DAVIE FL 33314

Mailing Address
6800-B GRIFFIN ROAD
SUITE B
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1992
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0311248 — 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
TRUEX, THOMAS A.
6800-B GRIFFIN ROAD
SUITE B
DAVIE FL 33314

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 607.0505, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City St Zip
D	TRUEX, THOMAS A.	6800-B GRIFFIN ROAD	DAVIE FL
D	EARNEST, MARY M.	6800-B GRIFFIN ROAD	DAVIE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. Title / 1. Name / 1. Street Address / 1. City St Zip ☐ Change ☐ Addition
2. Title / 2. Name / 2. Street Address / 2. City St Zip ☐ Change ☐ Addition
3. Title / 3. Name / 3. Street Address / 3. City St Zip ☐ Change ☐ Addition
4. Title / 4. Name / 4. Street Address / 4. City St Zip ☐ Change ☐ Addition
5. Title / 5. Name / 5. Street Address / 5. City St Zip ☐ Change ☐ Addition
6. Title / 6. Name / 6. Street Address / 6. City St Zip ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate. I further acknowledge that pursuant to Section 817.155, Florida Statutes, I realize that it is a felony of the third degree to knowingly file false information with the Department of State. I further certify that the officers and directors listed on this annual report or supplemental annual report are true and correct and that my signature shall have the same legal effect as if made under oath. I further certify that the corporation is in the process of liquidation and is not in the process of dissolution or merger. I further certify that the corporation is not in the process of filing a Certificate of Dissolution and that my name appears on Block 12 or Block 13 as President or Vice President with an address.

SIGNATURE: Mary M. Earnest — 1/9/95 — (305) 792-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE
MARY M. EARNEST

0222070 CP