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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 JAN 19 AM 10:55

DOCUMENT # V65752 (0)

1. Corporation Name
BEARD & KINGERY, P.A.

Principal Place of Business	Mailing Address
5100 W. KENNEDY BLVD. STE. 195 TAMPA FL 33609 US	5100 W. KENNEDY BLVD. SUITE 195 TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1992	3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-3144594	☐ 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 4030 W Kennedy Blvd	26 4630 W Kennedy Blvd
22 Suite 351	27 Suite 351
23 Tampa FL	28 Tampa FL
24 Zip 33609 / 25 Country US	29 Zip 33609 / 30 Country US

9. Name and Address of Current Registered Agent

KINGERY, MARK G
15601 WALDEN ROAD
TAMPA FL 33618

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	KINGERY, MARK G	1.2 NAME		
STREET ADDRESS	15601 WALDEN ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	BEARD, ROBERT K	2.2 NAME	Beard, Robert K	
STREET ADDRESS	6258 4TH AVE NORTH	2.3 STREET ADDRESS	8056 Shmie Avenue N	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St Petersburg, FL	
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: Mark G Kingery Mark G. Kingery 1/12/95 202-8569 (813)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0293603 CP