

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 JAN -3 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
POST, BUCKLEY, SCHUH & JERNIGAN, INC.

DOCUMENT #  
233840 (8)

Mailing Address  
% 2001 N.W. 107 AVENUE  
MIAMI FL 33172

Principal Place of Business  
% 2001 N.W. 107 AVENUE  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 3. Date incorporated or Qualified<br>02/29/1960                                                                                                                | 3a. Date of Last Report<br>01/07/1993                                                 |
| 4. FEI Number<br>59-0896138                                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                |
| 5. Certificate of Status Desired<br>\$8.75 Additional Fee Required <input checked="" type="checkbox"/>                                                         | 6. Election Campaign<br>Financing Trust<br>Fund Contribution <input type="checkbox"/> |
| 7. Nonprofit Exempt from \$138.75<br>Supplemental Fee <input type="checkbox"/>                                                                                 | \$5.00 May Be<br>Added to Fees                                                        |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                       |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|                                                                                         |                                                                                                      |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 2. Mailing Address<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Principal Place of Business<br>25 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

LERMAN, GATHY-JACKSON  
2001 N.W. 107 AVENUE  
MIAMI FL 33172

10. Name and Address of New Registered Agent

|                                                                               |                      |
|-------------------------------------------------------------------------------|----------------------|
| 81 Name<br>Becky S. Schaffer, Esq.                                            | 85 Zip Code<br>33172 |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>2001 N.W. 107th Ave. |                      |
| 83                                                                            |                      |
| 84 City<br>Miami                                                              | FL                   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Becky S. Schaffer  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering)

DATE Dec. 27, 1994

| 12. OFFICERS AND DIRECTORS |                        |
|----------------------------|------------------------|
| 1.1 TITLE                  | C/D                    |
| 1.2 NAME                   | RANDOLPH, WILLIAM W.   |
| 1.3 STREET ADDRESS         | 26 HUNTING LODGE DR    |
| 1.4 CITY-ST-ZIP            | MIAMI SPRINGS FL 33166 |
| 2.1 TITLE                  | V/D                    |
| 2.2 NAME                   | TWIDDY DAVID A         |
| 2.3 STREET ADDRESS         | 6004 TWIN LAKES LANE   |
| 2.4 CITY-ST-ZIP            | OVIDO FL 32817         |
| 3.1 TITLE                  | V/D                    |
| 3.2 NAME                   | SHEARER JOHN S         |
| 3.3 STREET ADDRESS         | 1917 WINGFIELD DRIVE   |
| 3.4 CITY-ST-ZIP            | LONGWOOD FL 32779      |
| 4.1 TITLE                  | V/S                    |
| 4.2 NAME                   | GRUBEL RICHARD M       |
| 4.3 STREET ADDRESS         | 730 NW 6TH STREET      |
| 4.4 CITY-ST-ZIP            | BOCA RATON FL 33486    |
| 5.1 TITLE                  | V/D                    |
| 5.2 NAME                   | JENSEN EDWARD C        |
| 5.3 STREET ADDRESS         | 164 DARTMOUTH LANE     |
| 5.4 CITY-ST-ZIP            | LONGWOOD FL 32779      |
| 6.1 TITLE                  |                        |
| 6.2 NAME                   |                        |
| 6.3 STREET ADDRESS         |                        |
| 6.4 CITY-ST-ZIP            |                        |

| 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|---------------------------------------------|-----------------------|
| 1.1 TITLE                                   |                       |
| 1.2 NAME                                    |                       |
| 1.3 STREET ADDRESS                          | 200001371322          |
| 1.4 CITY-ST-ZIP                             | -01/05/95--01071--006 |
| 2.1 TITLE                                   | ****208.75 ****208.75 |
| 2.2 NAME                                    |                       |
| 2.3 STREET ADDRESS                          |                       |
| 2.4 CITY-ST-ZIP                             |                       |
| 3.1 TITLE                                   |                       |
| 3.2 NAME                                    |                       |
| 3.3 STREET ADDRESS                          |                       |
| 3.4 CITY-ST-ZIP                             |                       |
| 4.1 TITLE                                   |                       |
| 4.2 NAME                                    |                       |
| 4.3 STREET ADDRESS                          |                       |
| 4.4 CITY-ST-ZIP                             |                       |
| 5.1 TITLE                                   |                       |
| 5.2 NAME                                    |                       |
| 5.3 STREET ADDRESS                          |                       |
| 5.4 CITY-ST-ZIP                             |                       |
| 6.1 TITLE                                   | S                     |
| 6.2 NAME                                    | W. Scott DeLoach      |
| 6.3 STREET ADDRESS                          | 2001 N.W. 107 Ave.    |
| 6.4 CITY-ST-ZIP                             | Miami FL 33172        |

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 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Scott DeLoach W. Scott DeLoach  
SECRETARY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/95 305-592-7275  
Date Daytime Phone