

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **600718** (1)

95 FEB -6 AM 11:51

1. Corporation Name  
**WAGNER, NUGENT, JOHNSON & MCAFEE, P.A.**

Principal Place of Business  
**1818 S. AUSTRALIAN AVE.  
SUITE 450  
W. PALM BEACH FL 33409  
US**

Mailing Address  
**P.O. BOX 3466  
W. PALM BEACH FL 33402  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/31/1968**

3a. Date of Last Report  
**02/03/1994**

4. FEI Number  
**59-1226966**

Applied For  
 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. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**MCAFEE, WILLIAM J.  
SUITE 450  
1818 S. AUSTRALIAN AVE.  
W. PALM BEACH FL 33409**

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 \_\_\_\_\_ DATE \_\_\_\_\_

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MCAFEE, HELEN W.
STREET ADDRESS	1818 S. AUSTRALIAN AVE., SUITE 450
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	D
NAME	MCAFEE, WILLIAM J.
STREET ADDRESS	1818 S. AUSTRALIAN AVE, SUITE 450
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	PD
NAME	WARD, WAGNER JR.
STREET ADDRESS	1818 S. AUSTRALIAN AVE., SUITE 450
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	D
NAME	WAGNER, JULIA A.
STREET ADDRESS	1818 S. AUSTRALIAN AVE., SUITE 450
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	VD
NAME	JOHNSON, ROBERT R.
STREET ADDRESS	1818 S. AUSTRALIAN AVE, SUITE 450
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(a), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, in an official report with an address.

SIGNATURE: [Signature] 1/25/95 407-686-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON BLOCK 12