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
95 JAN 25 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 156599 (3)

1. Corporation Name
LANIER CHAPLEAU & JONES INC

Principal Place of Business	Mailing Address
XXXXXXXXXXXX	XXXXXXXXXXXX
XXXXXXX	XXXXXXXXX
XXXXXXXXXXXXX	XXXXXXXXXXXX

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/03/1948	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1405 Green Cove Road	26 P.O.Box 941330
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Winter Park, FL	City & State 28 Maitland, FL
Zip 24 32789 / Country 25	Zip 29 32794 / Country 30

4. FEI Number 59-0856593 ☐ 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

FARMER, RICHARD
1405 GREEN COVE RD
WINTER PARK FL 32789

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☒ Change ☐ Addition
NAME	FARMER, JAMES W.	1.2 NAME		
STREET ADDRESS	620 SW 23 ROAD	1.3 STREET ADDRESS	1405 Green Cove Road	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	FARMER, DOROTHY JAMES	2.2 NAME		
STREET ADDRESS	620 S. W. 23 ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	VST	3.1 TITLE		☐ Change ☐ Addition
NAME	FARMER, RICHARD A.	3.2 NAME		
STREET ADDRESS	1405 GREEN COVE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	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: Richard Farmer 1/17/95 407-629-9151
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0158126 CP