# 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 FEB 21 AM 9:38

DOCUMENT # 183094 (2)

1. Corporation Name
DAVID VOLKERT & ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4960 SW 72ND AVE., STE 201<br>MIAMI FL 33155<br>US | BOX 7434<br>MOBILE AL 36670<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1955
3a. Date of Last Report: 03/23/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 63-6008050 ☐ 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

SWINDLE, FREDERICK
4960 SW 72ND AVE., STE 201
MIAMI FL 33155

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 | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KING, T.K. | 12 NAME | |
| STREET ADDRESS | 3809 MOFFETT ROAD | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MOBILE AL | 14 CITY-ST-ZIP | |
| TITLE | CHM | 21 TITLE | ☐ Change ☐ Addition |
| NAME | VOLKERT, D G | 22 NAME | |
| STREET ADDRESS | 5400 SHAWNEE ROAD | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ALEXANDRIA VA | 24 CITY-ST-ZIP | |
| TITLE | S | 31 TITLE | ☐ Change ☐ Addition |
| NAME | HANCKEN, M.C. | 32 NAME | |
| STREET ADDRESS | 3809 MOFFETT ROAD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | MOBILE AL | 34 CITY-ST-ZIP | |
| TITLE | V | 41 TITLE | ☐ Change ☐ Addition |
| NAME | ZOGHBY, T.A. | 42 NAME | |
| STREET ADDRESS | 3809 MOFFETT ROAD | 43 STREET ADDRESS | |
| CITY-ST-ZIP | MOBILE AL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | SWINDLE, FREDERICK E. | 52 NAME | |
| STREET ADDRESS | 4960 SW 72ND AVE #201 | 53 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(k), 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: Margaret Hancken MARGARET HANCKEN 2/14/95 (934) 342-1070
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0471767 FP