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

APPROVED AND FILED
95 APR 25 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **288362** **(7)**

1. Corporation Name
HALL, FARNER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2007 BUTLER ST LEESBURG FL 34748	2007 BUTLER ST LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/31/1964**
3a. Date of Last Report: **05/25/1994**

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

4. FEI Number: **59-1084616** ☐ 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

SESSIONS, A.E.
2007 BUTLER STREET
LEESBURG FL 32748

10. Name and Address of New Registered Agent

81 Name: Gary L. Summers, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 380 West Alfred Street
83:
84 City: Tavares FL 85 Zip Code: 32778

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: Gary L. Summers — Gary L. Summers — 4/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	CLEMMONS, WELTON	12 NAME	Farner, George W., Jr.	
STREET ADDRESS	305 S.E. 1ST AVE.	13 STREET ADDRESS	2007 Butler Street	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	CLEMMONS, WILLIAM E. JR.	22 NAME	Sessions, A.E.	
STREET ADDRESS	305 S.E. 1ST AVE.	23 STREET ADDRESS	2007 Butler Street	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	VTD	31 TITLE	S	☐ Change ☒ Addition
NAME	SESSIONS, A.E.	32 NAME	Brown, Linda	
STREET ADDRESS	2007 BUTLER STREET	33 STREET ADDRESS	2007 Butler Street	
CITY-ST-ZIP	LEESBURG FL	34 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	AST	41 TITLE		☐ Change ☐ Addition
NAME	BROKER, PATRICIA R.	42 NAME		
STREET ADDRESS	305 S.E. 1ST AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP		
TITLE	VSD	51 TITLE		☐ Change ☐ Addition
NAME	FARNER, GEORGE W. JR.	52 NAME		
STREET ADDRESS	2007 BUTLER ST.	53 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG 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)(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: X _____ George W. Farner, Jr. (904) 787-5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP