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 -7 AM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **300408** **(2)**

1. Corporation Name

SAWYER, NUNN & ASSOCIATES OF MIAMI, INC.

Principal Place of Business	Mailing Address
3663 2ND ST MOULTRIE ST AUGUSTINE FL 32086 US	~~P O BOX 000069~~ 3663 2ND ST ST AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/04/1966	04/14/1994

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: 59-1061723 ☐ 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

NUNN, JAMES W JR
7800 RED ROAD #121
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: NUNN, JAMES W.

82 Street Address (P.O. Box Number is Not Acceptable): 3663 2nd ST

83

84 City: ST. AUGUSTINE FL 85 Zip Code: 32086

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: James W. Nunn, Jr. (If new Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JAMES W. NUNN, JR.	12 NAME	
STREET ADDRESS	3663 2ND ST MOULTREE	13 STREET ADDRESS	
CITY ST ZIP	ST AUGUSTINE FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	NUNN,CYNTHIA	22 NAME	
STREET ADDRESS	3663 2ND ST	23 STREET ADDRESS	
CITY ST ZIP	ST AUGUSTINE FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	NUNN CYNTHIA	32 NAME	
STREET ADDRESS	3663 2ND ST	33 STREET ADDRESS	
CITY ST ZIP	ST AUGUSTINE FL	34 CITY ST ZIP	
TITLE	STV	41 TITLE	☐ Change ☐ Addition
NAME	DNUNN, CYNTHIA	42 NAME	
STREET ADDRESS	3663 2ND ST	43 STREET ADDRESS	
CITY ST ZIP	ST AUGUSTINE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		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/We hereby certify that the information supplied with this filing is accurate 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: James W. Nunn, Jr. 3/31/95 (904) 794-4203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

04A02335 FP