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

DOCUMENT # **395122** **(5)**

1. Corporation Name
BENJAMIN A. TOTTEN AND ASSOCIATES, INCORPORATED

FILED
95 APR 24 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
19 CIRCLE DRIVE DE FUNIAK SPRINGS FL 32433	19 CIRCLE DRIVE DE FUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified: 01/31/1972
3a. Date of Last Report: 04/27/1994

21 2. Principal Place of Business: 1290 CIRCLE DR.
22 Suite, Apt. #, etc.: SUITE 3
23 City & State: DE FUNIAK SPRGS, FL
24 Zip: 32433
25 Country: WALTON

26 2a. Mailing Address: SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-1377640 ☐ 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

TOTTEN, B A JR
19 CIRCLE DRIVE
DE FUNIAK SPRGS, FL
32433

10. Name and Address of New Registered Agent

81 Name: CORRECTION OF ADDRESS
82 Street Address (P.O. Box Number is Not Acceptable): 1290 CIRCLE DR. SUITE 3
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	TOTTEN, B A JR	12 NAME	
STREET ADDRESS	19 CIRCLE DRIVE	13 STREET ADDRESS	1290 CIRCLE DR
CITY-ST-ZIP	DE FUNIAK SPRGS, FL32433	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	TOTTEN, BARBARA A	22 NAME	
STREET ADDRESS	19 CIRCLE DRIVE	23 STREET ADDRESS	1290 CIRCLE DR
CITY-ST-ZIP	DE FUNIAK SPRGS, FL32433	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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 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: B A Totten, JR. 4/17/95 904.892.5932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
B. A. TOTTEN, JR.

0410061 FP