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 MAY -1 PM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **426880** **(1)**

1. Corporation Name
LANGFORD PETERSON, INC.

Principal Place of Business	Mailing Address
1115 E. LIVINGSTON ORLANDO FL 32803	1115 E. LIVINGSTON ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/29/1973**
3a. Date of Last Report: **05/01/1994**

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: **59-1461346** ☐ 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

PETERSON, JON C.
797 PINETREE ROAD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Peterson, J. Chris
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1115 E. Livingston
84 City: Orlando **FL** 85 Zip Code: 32803

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: President 1/16/95
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	☒ Change ☐ Addition
NAME	PETERSON, JON C.	12 NAME	
STREET ADDRESS	797 PINETREE RD.	13 STREET ADDRESS	delete
CITY ST ZIP	WINTER PARK FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LANGFORD II, ROBERT L.	22 NAME	
STREET ADDRESS	E. NEW ENGLAND AVE.	23 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	LANGFORD, ROBERT E.	32 NAME	
STREET ADDRESS	1402 GREEN COVE RD.	33 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	34 CITY ST ZIP	
TITLE	VPD	41 TITLE	☒ Change ☐ Addition
NAME	PETERSON, J. CHRIS	42 NAME	PD
STREET ADDRESS	1115 E. LIVINGSTON	43 STREET ADDRESS	Peterson, J Chris
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	1115 E Livingston St Orlando, FL 32803
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: 1/16/95 (407) 425-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
J. Chris Peterson

0064320 CP