FLORIDA ANNUAL REPORT 1995

Secretary of State
DIVISION OF CORPORATIONS

95 APR 21 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 464618 (8)

1. Corporation Name
WYSOCK AND LOWENBERG, P. A.

Principal Place of Business	Mailing Address
4605 US 19 NEW PORT RICHEY FL 34652	4605 US 19 NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/05/1974
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1565779 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WYSOCK, PAUL A
4605 US 19
NEW PORT RICHEY FL 34652

Paul A. Wysock

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: Paul A. Wysock DR. PAUL A. WYSOCK 4/17/95
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	SD	1.1 TITLE	☒ Change ☐ Addition
NAME	WYSOCK, PAUL A	1.2 NAME	
STREET ADDRESS	4605 US HWY 19	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	1.4 CITY-ST-ZIP	34652
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	LOWENBERG, TED V	2.2 NAME	
STREET ADDRESS	4605 US HWY 19	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	2.4 CITY-ST-ZIP	34652
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	GUMBINER, HAL R.	3.2 NAME	
STREET ADDRESS	4605 US HWY 19	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	3.4 CITY-ST-ZIP	34652
TITLE	SD	4.1 TITLE	☒ Change ☐ Addition
NAME	WYSOCK, PAUL A.	4.2 NAME	
STREET ADDRESS	4605 US HWY 19	4.3 STREET ADDRESS	DELETE - DUPLICATE
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☒ Change ☐ Addition
NAME	LOWENBERG, TED V.	5.2 NAME	
STREET ADDRESS	4605 US HWY 19	5.3 STREET ADDRESS	DELETE - DUPLICATE
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☒ Change ☐ Addition
NAME	GUMBINER, HAL R.	6.2 NAME	
STREET ADDRESS	4605 US HWY 19	6.3 STREET ADDRESS	DELETE - DUPLICATE
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 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: Dr. Hal Gumbiner, DR. HAL R. GUMBINER 4/17/95 (813) 849-7523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

038011 CP