SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED) MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -6 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 464983 (6)

1. Corporation Name
PROCTOR, CROOK & COMPANY, CHARTERED

Principal Place of Business	Mailing Address
33 FLAGLER AVE. STUART FL 34994	33 FLAGLER AVE. STUART FL 34994

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 11/14/1974
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-1556056 ☐ 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	10. Name and Address of New Registered Agent
PROCTOR, GORDON O. 1110 N.E. TOWN TERRACE JENSEN BEACH FL	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ Change ☐ Addition
NAME	PROCTOR, GORDON O.	
STREET ADDRESS	1110 N.E. TOWN TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	VT	☐ Change ☐ Addition
NAME	CROOK, T. MICHAEL	
STREET ADDRESS	33 S. FLAGLER AVE.	
CITY-ST-ZIP	STUART FL	
TITLE	S	☒ Change ☐ Addition
NAME	RALICKI, DAVID	delete
STREET ADDRESS	6484 SE SPYGLASS LANE	
CITY-ST-ZIP	STUART FL	
TITLE	D	☐ Change ☐ Addition
NAME	CROWDER, NANCY	
STREET ADDRESS	6 BANYAN RD.	
CITY-ST-ZIP	STUART FL	
TITLE	D	☒ Change ☐ Addition
NAME	THOMAS, ROBERT	delete
STREET ADDRESS	33 FLAGLER AVE.	
CITY-ST-ZIP	STUART FL	
TITLE	D	☐ Change ☐ Addition
NAME	FOWLER, WILLIAM	
STREET ADDRESS	33 FLAGLER AVE	
CITY-ST-ZIP	STUART FL	

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: Gordon Proctor — 6-28-95 — 407 287 2356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone

CR2E034 (3/95)

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