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 MAR 21 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **492721** **(6)**

1. Corporation Name
MOLICA, FRANK HENRY, P. A.

Principal Place of Business	Mailing Address
231 N COURTENAY PARKWAY MERRITT ISLAND FL 32953-3407	231 N COURTENAY PARKWAY MERRITT ISLAND FL 32953-3407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/15/1975**
3a. Date of Last Report: **01/20/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **59-1658983**	☐ 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

MOLICA, FRANK HENRY
231 N. COURTENAY PKWY.
MERRITT ISLAND FL

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MOLICA, FRANK	1.2 NAME	
STREET ADDRESS	231 N. COURTENAY PKWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☒ Change ☐ Addition
NAME	MOLICA, LINDA	2.2 NAME	MOLICA, LINDA is no longer an officer or director. Remove from the list in #12.
STREET ADDRESS	231 N COURTENAY PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: _____ Frank Henry Molica 3/1/95 407/452-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0076808 CP