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 APR 27 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **506050** **(4)**

1. Corporation Name

WATSON, FOLDS, STEADHAM, CHRISTMANN, BRASHEAR & TOVKACH, P.A.

Principal Place of Business	Mailing Address
527 EAST UNIVERSITY AVENUE P.O. BOX 1070 GAINESVILLE FL 32602	527 EAST UNIVERSITY AVENUE P.O. BOX 1070 GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1976**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1674625** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (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

WATSON, WILLIAM B. III
527 EAST UNIVERSITY AVENUE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	VD	☐ Change ☒ Addition
NAME	WATSON, WILLIAM B III	1.2 NAME	WALKER, STUART SCOTT	
STREET ADDRESS	527 E. UNIV AVE	1.3 STREET ADDRESS	527 E. UNIV. AVE	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	VD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	FOLDS, ALLISON E.	2.2 NAME	MARSTON, W. WESLEY	
STREET ADDRESS	527 E UNIV AVE	2.3 STREET ADDRESS	527 E. UNIV. AVE	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	STEADHAM, JOHN .	3.2 NAME		
STREET ADDRESS	527 E. UNIV AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTMANN, THOMAS G.	4.2 NAME		
STREET ADDRESS	527 E. UNIV AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP		
TITLE	STD	5.1 TITLE		☐ Change ☐ Addition
NAME	BRASHEAR, BILLY BRUCE	5.2 NAME		
STREET ADDRESS	527 E. UNIV AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	TOVKACH, WALTER M.	6.2 NAME		
STREET ADDRESS	527 E. UNIV AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE 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: _____ 4-25-95 904-372-9401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER M. TOVKACH

0411964 FP