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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GD

• CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **514800** **(2)**

1. Corporation Name

EGAN, FICKETT FT. PIERCE, INC.

Principal Place of Business	Mailing Address
1900 OLD DIXIE HWY FT. PIERCE FL 34946-1497 US	1900 OLD DIXIE HWY FT. PIERCE FL 34946-1497 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/15/1976**

3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business
21 **SAME**

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 | Country 25

Zip 29 | Country 30

4. FEI Number: **59-1712173** ☐ 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 **XX** Yes ☐ No

9. Name and Address of Current Registered Agent

REED, GLEN W
1900 OLD DIXIE HWY
FT.PIERCE FL 34946

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 _____ 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	EVD	11 TITLE	☐ Change ☐ Addition
NAME	REED, GLEN W.	12 NAME	
STREET ADDRESS	1900 OLD DIXIE HWY	13 STREET ADDRESS	200001444492
CITY-ST-ZIP	FT PIERCE FL	14 CITY-ST-ZIP	-03/31/95--01015--004
TITLE	PD	21 TITLE	****200.00 ☐ Change ****200.00 Addition
NAME	EGAN, BERNARD A	22 NAME	
STREET ADDRESS	1900 OLD DIXIE HWY	23 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	24 CITY-ST-ZIP	
TITLE	ASD	31 TITLE	☐ Change ☐ Addition
NAME	GILET, JEAN J	32 NAME	
STREET ADDRESS	1900 OLD DIXIE HWY	33 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	EGAN, ROBERT W.	42 NAME	T.S. 3/29/95
STREET ADDRESS	1900 OLD DIXIE HWY	43 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	NELSON, GREGORY P.	52 NAME	
STREET ADDRESS	1900 OLD DIXIE HWY	53 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	MIXON, DAVID E.	62 NAME	
STREET ADDRESS	1900 OLD DIXIE HWY	63 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	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 asterisk.

SIGNATURE: Gregory P. Nelson GREGPRY P. NELSON, SECRETARY 3/24/95 407-465-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0362275 CP