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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:35

DOCUMENT # 547587 (6)

1. Corporation Name
CARNAHAN, PROCTOR AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6191 W ATLANTIC BLVD PO BOX 4399 MARGATE FL 33063	6191 W ATLANTIC BLVD PO BOX 4399 MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip 24 Country

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip 29 Country

3. Date Incorporated or Qualified: 09/26/1977
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1768002 ☐ 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
CARNAHAN, DANIEL
6191 W ATLANTIC LBLVD
MARGATE FL 33063

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:

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARNAHAN, DANIEL
STREET ADDRESS	6191 W ATLANTIC LBLVD
CITY ST ZIP	MARGATE FL
TITLE	ST
NAME	HIGGINS, CAROLE SUE
STREET ADDRESS	6191 W ATLANTIC LBLVD
CITY ST ZIP	MARGATE FL
TITLE	VM
NAME	PROCTOR, GREGORY M.
STREET ADDRESS	6191 W ATLANTIC BLVD
CITY ST ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP		☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		☐ Change ☐ Addition

14. I declare to 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 added, in connection with an addition.

SIGNATURE: Daniel L. Carnahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95
Date

(305) 972-3959
Daytime Phone Number

0100347 CP