

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
APR 11 1996

DOCUMENT # **597222** (9)  
1. Corporation Name  
**PAXTON, CROW, BRAGG, SMITH & KEYSER, P.A.**

Principal Place of Business Mailing Address  
**1615 FORUM PLACE STE. 500 WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/09/1978** 3a. Date of Last Report **01/21/1994**  
4. FEI Number **59-1866203** 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. 190.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**LIOCE, DOMENICK R.  
1645 PALM BEACH LAKES BLVD.  
STE. 1200  
WEST PALM BCH. FL 33401**

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 officer 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 (last or printed name of registered agent and title if applicable) Registered Agent signature (signature of new registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAGG, MORGAN S.</b>	12 NAME	
STREET ADDRESS	<b>3989 71ST AVE. SOUTH</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>LANTANA FL</b>	14 CITY, ST, ZIP	
TITLE	<b>V</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, CLARK W.</b>	22 NAME	
STREET ADDRESS	<b>1640 39TH STREET</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>W PALM BCH. FL</b>	24 CITY, ST, ZIP	
TITLE	<b>ST</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROW, DAVID F.</b>	32 NAME	
STREET ADDRESS	<b>8192 DAMASCUS DR.</b>	33 STREET ADDRESS	
CITY, ST, ZIP	<b>PALM BCH. GDNS. FL</b>	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (7)(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial financial report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 checked, of this attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature (last or printed name of signing officer or director)