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 MAY -1 PM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **598267** **(3)**

1. Corporate Name

B.R. STARNES COMPANY OF FLORIDA,INC.

Principal Place of Business	Mailing Address
BROWARD FINANCIAL CENTRE 500 E. BROWARD BLVD. SUITE 1900 FT LAUDERDALE FL 33394	BROWARD FINANCIAL CENTRE 500 E. BROWARD BLVD. SUITE 1900 FT LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 899 W. Cypress Creek Rd.	12/22/1978	04/18/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 813	4. FEI Number 36-2998127	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Fort Lauderdale FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / 24 — County / 25	Zip / 29 33309 — County / 30 Broward	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for chargeable tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOMBACH, GEOFFREY S BROWARD FINANCIAL CENTRE 500 E BROWARD BLVD. STE 1950 FT. LAUDERDALE FL 33394	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	CDV	11 TITLE	☐ Change ☐ Addition
NAME	STARNES, BOB R.	12 NAME	
STREET ADDRESS	500 EAST BROWARD BLVD.	13 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	14 CITY ST ZIP	
TITLE	AST	21 TITLE	☐ Change ☐ Addition
NAME	STARNES, SANDRA L.	22 NAME	
STREET ADDRESS	500 EAST BROWARD BLVD.	23 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP	
~~TITLE~~	~~P~~	31 TITLE	☐ Change ☐ Addition
~~NAME~~	~~NANCE, RUDOLPH A~~	32 NAME	
~~STREET ADDRESS~~	~~500 E BROWARD BLVD.~~	33 STREET ADDRESS	
~~CITY ST ZIP~~	~~FT LAUDERDALE FL~~	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 address.

SIGNATURE: _____ 4/26/95 305-771-5525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0241400 CP