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 AM 9: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600077 (2)

1. Corporation Name
STINSON, LYONS & BUSTAMANTE, P.A.

Principal Place of Business	Mailing Address
% LOUIS STINSON, JR	% LOUIS STINSON, JR
c/o Louis Stinson, Jr.	c/o Louis Stinson, Jr.
2. Principal Place of Business: 4675 Ponce de Leon Blvd.	2a. Mailing Address: 4675 Ponce de Leon Blvd.
Suite, Apt. #, etc.: Suite 305	Suite, Apt. #, etc.: Suite 305
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1961
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0666457 ☐ 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 is subject to the provisions of Section 607 of the Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

STINSON JR., LOUIS
4675 PONCE DE LEON BOULEVARD
SUITE 305
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title	PD	Title	400001478914 -05/08/95--01051--016 ****200.00 ****200.00
Name	STINSON, LOUIS JR	Name	
Street Address	4675 PONCE DE LEON BOULEVARD, SUITE 305	Street Address	
City-St-Zip	CORAL GABLES FL	City-St-Zip	
Title	VD	Title	☒ Change ☐ Addition
Name	BUSTAMANTE, LUIS C.	Name	
Street Address	BANK OF EAST TENNESSEE BUILDING	Street Address	900 S. Gay Street, Suite 900
City-St-Zip	KNOXVILLE TN 37902	City-St-Zip	Knoxville, TN 37901-0900
Title	V	Title	☒ Change ☐ Addition
Name	PROMOFF, ADRIENNE F.	Name	
Street Address	19841 N.E. 23 AVENUE	Street Address	501 Brickell Key Drive, Suite 407
City-St-Zip	NORTH MIAMI BEACH FL 33180	City-St-Zip	Miami FL 33131
Title	VS	Title	☒ Change ☐ Addition
Name	TOMLIN, TRACY E.	Name	
Street Address	4800 LEJEUNE ROAD	Street Address	75 Valencia Avenue, 4th Floor
City-St-Zip	CORAL GABLES FL 33146	City-St-Zip	Coral Gables FL 33134
Title	AS	Title	☐ Change ☐ Addition
Name	LYONS, DOUGLAS S	Name	
Street Address	201 ALHAMBRA CIRCLE, #711	Street Address	
City-St-Zip	CORAL GABLES FL	City-St-Zip	
Title		Title	DB 5/1 ☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I do hereby certify that the information supplied with this filing is voluntary [illegible] and does not qualify for the exemption stated in Section [illegible], 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Louis Stinson, Jr., President

2/ / /95 (305) 667-7571
Date Daytime Phone #

0126003 CP