FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

95 MAY 22 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **600445** **(1)**

1. Corporate Name

VEGA, BROWN, STANLEY, MARTIN & ZELMAN, P.A.

Principal Place of Business

2660 AIRPORT ROAD
NAPLES FL 33962

Mailing Address

2660 AIRPORT ROAD
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/09/1968**

3a. Date of Last Report: **06/15/1994**

2. Principal Place of Business — 21 — Suite, Apt. # or Bldg. — 22 — City & State — 23 — Zip — 24 — County — 25

2a. Mailing Address — 26 — Suite, Apt. # or Bldg. — 27 — City & State — 28 — Zip — 29 — County — 30

4. FEI Number: **59-1219824** ☐ 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

STANLEY, JOHN F.
2660 AIRPORT ROAD, S.
NAPLES FL 33962

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 section 607.193(2)(d), 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. The corporation is qualified to do business in Florida and the appointment of registered agent has been executed by such agent.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS	
Title	V	Title	D ☐ Change ☒ Addition
Name	STANLEY, JOHN F	Name	ZELMAN, THEODORE
Street Address	4040 OLD TRAIL WAY	Street Address	2524 KINGS LAKE BLVD.
City-St-Zip	NAPLES, FL 00000	City-St-Zip	NAPLES, FL
Title	VD	Title	☐ Change ☐ Addition
Name	~~BROWN, THOMAS R~~ DELETE	Name	
Street Address	2725 COACH HOUSE LANE	Street Address	
City-St-Zip	NAPLES, FL 00000	City-St-Zip	
Title	SD	Title	☐ Change ☐ Addition
Name	MARTIN, LAWRENCE D	Name	
Street Address	1620 DOLPHIN COURT	Street Address	
City-St-Zip	NAPLES, FL 00000	City-St-Zip	
Title	PD	Title	☐ Change ☐ Addition
Name	VEGA JR, GEORGE	Name	
Street Address	3455 FORT CHARLES DR.	Street Address	
City-St-Zip	NAPLES, FL 00000	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I/We hereby certify that the information supplied with this filing is knowledgably furnished and does not apply for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attached sheet, with an address.

SIGNATURE: X [signature] **President/Director** **5/19/95** **(813) 774-3333**

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Date — Daytime Phone #

GV

0130422 CP

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DOCUMENT # 600671 (2)

DRS. TILLERY, ROBINSON & LIGHTBODY, PROFESSIONAL ASSOCIATION

SIONAL ASSOCIATION
800 W MORSE
WINTER PARK FL 32789

SIONAL ASSOCIATION
800 W. MORSE
WINTER PARK FL 32789

3. Date of Incorporation: 12/17/1968

3a. Date of Last Report: 06/17/1994

4. FEI Number: 59-1229301 (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 listed, for mailing tax under § 196.199, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBINSON,RICHARD M
800 W.MORSE
WINTER PARK FL 32789

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 Section 607.1007 and/or 617.1908, 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. The 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. OFFICER AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TYPE	VD	☐ Change ☐ Addition
NAME	PAYOR, LOUIS G	
STREET ADDRESS	800 W MORSE BLVD	
CITY-ST-ZIP	WINTER PARK, FL 0	
TYPE	D	☐ Change ☐ Addition
NAME	TILLERY, DON E	
STREET ADDRESS	800 W MORSE BLVD	
CITY-ST-ZIP	WINTER PARK, FL 0	
TYPE	PD	☐ Change ☐ Addition
NAME	LIGHTBODY, PHILIP M	
STREET ADDRESS	800 W MORSE BLVD	
CITY-ST-ZIP	WINTER PARK, FL 0	
TYPE	D	☐ Change ☐ Addition
NAME	ROBINSON, C TED	
STREET ADDRESS	800 W MORSE BLVD	
CITY-ST-ZIP	WINTER PARK, FL 0	
TYPE	SD	☐ Change ☐ Addition
NAME	SALMON, THOMAS N.	
STREET ADDRESS	800 W MORSE BV	
CITY-ST-ZIP	WINTER PARK FL	
TYPE	TD	☐ Change ☐ Addition
NAME	TILLERY, DON E. JR.	
STREET ADDRESS	800 W MORSE BV	
CITY-ST-ZIP	WINTER PARK FL	

14. I hereby certify that the information supplied with this report is complete and accurate, and that I am authorized to sign this report. I further certify that the information indicated on this report or supplemental 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 above or on an attached sheet with an address.

SIGNATURE: X Thomas N Salmon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS N. SALMON

X 5/19/95 407 274-3399

DATE TELEPHONE NUMBER

0048784 CP