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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 13 AM 9:21

DOCUMENT # **600655** **(5)**

1. Corporation Name

STANLEY, WINES, BENNETT, MURPHY & SPANJERS & HELMS, P.A.

Principal Place of Business	Mailing Address
60 SECOND ST.,S.E. P.O.BOX 860 WINTER HAVEN FL 33882-7860	60 SECOND ST.,S.E. P.O.BOX 860 WINTER HAVEN FL 33882-7860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1968
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1229942 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BENNETT, BARRY W
60 SECOND ST.,S.E.
WINTER HAVEN FL 33882

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	BENNETT, BARRY W	12 NAME	
STREET ADDRESS	60 SECOND ST.,S.E.	13 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	WINES, MASON J	22 NAME	
STREET ADDRESS	60 SECOND ST.,S.E.	23 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SPANJERS, CRAIG M	32 NAME	
STREET ADDRESS	60 SECOND ST.,S.E.	33 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MURPHY, MICHAEL B	42 NAME	
STREET ADDRESS	60 SECOND ST.,S.E.	43 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	44 CITY ST ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	HELMS, LARRY S	52 NAME	
STREET ADDRESS	60 SECOND ST.,S.E.	53 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	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: B W Bennett Barry W. Bennett 1/10/95 813/299-1263
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #