

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 PM 12:11

DOCUMENT # 600703 (3)

1. Corporation Name

MCCUNE, HIAASEN, CRUM, GARDNER & DUKE, P.A.

Principal Place of Business

C/O W. DAVIS DUKE
500 E BROWARD BLVD 1600
FT LAUD FL 33394
US

Mailing Address

C/O W. DAVIS DUKE
500 E BROWARD BLVD. 1600
FT LAUDERDALE FL 33394
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1968

3a. Date of Last Report

06/23/1994

4. FEI Number

59-1263536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKE, DAVIS W. JR.
500 E BROWARD BLVD #1600
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVS
NAME MEEKS, WILLIAM H.
STREET ADDRESS 500 E BROWARD BLVD 1700
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DP
NAME CRUM, JAMES M.
STREET ADDRESS ONE EAST BROWARD BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVS
NAME STORY, J. CAMERON III
STREET ADDRESS 500 E BROWARD BLVD 1600
CITY-ST-ZIP FORT LAUDERDALE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VDS
NAME GARDNER, RUSSELL M.
STREET ADDRESS 500 E BROWARD BLVD 1600
CITY-ST-ZIP FORT LAUDERDALE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VDT
NAME DUKE, DAVIS W. JR.
STREET ADDRESS 500 E BROWARD BLVD 1600
CITY-ST-ZIP FORT LAUDERDALE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVS
NAME BRYAN, REED A. III.
STREET ADDRESS ONE EAST BROWARD BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 007, Florida Statutes; and that my name appears in block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE:

William H. Meeks V.P. & Dir.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/95

(305) 764-3000