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 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **601377** (5)

1. Corporation Name

ERICKSON, P.A.

Erickson, Costello, Butler, & Erickson, PA

Principal Place of Business	Mailing Address
1280 W. LANTANA RD.,#1 LANTANA FL 33462	1280 W. LANTANA RD.,#1 LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/10/1969	04/13/1994

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 **59-1272975** ☐ 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	10. Name and Address of New Registered Agent
ERICKSON,NEIL E **1280 W. LANTANA RD., #1** **LANTANA FL**	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	P	11 TITLE	☐ Change ☐ Addition
NAME	ERICKSON,NEIL E	12 NAME	
STREET ADDRESS	420 NO. COUNTRY CLUB DR	13 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	14 CITY-ST-ZIP	400001475344
TITLE	VD	21 TITLE	-05/04/95--01025-010 ☐ Addition
NAME	COSTELLO,SANDY L.	22 NAME	****200.00 ****200.00
STREET ADDRESS	476 GLENBROOK	23 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ERICKSON,NEIL E.	32 NAME	
STREET ADDRESS	420 NO. COUNTRY CLUB DR.	33 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	34 CITY-ST-ZIP	
TITLE	ST - Secretary	41 TITLE	Secretary ☒ Change ☐ Addition
NAME	BUTLER, DAVID S.	42 NAME	Butler, David
STREET ADDRESS	15 SO CROSS CIR., #104	43 STREET ADDRESS	116 Buttonwood Lane
CITY-ST-ZIP	BOYNTON BEACH FL	44 CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	Treasurer	51 TITLE	☐ Change ☒ Addition
NAME	Erickson, Todd E.	52 NAME	
STREET ADDRESS	4274 Pine Cone Lane	53 STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, FL 33436	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	BMS #2
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: Neil E Erickson PRESIDENT 4/20/95 407-582-3383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR7D061 CP