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 APR 11 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **602021** **(8)**

1. Corporation Name
OSBURN, HENNING & COMPANY, C.P.A.'S, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
617 E COLONIAL DRIVE ORLANDO FL 32803	617 E COLONIAL DRIVE ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/27/1970**
3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **59-1296653** ☐ 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

HENNING, MERVIN D
617 EAST COLONIAL DRIVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: LACY, LONNIE H.
82 Street Address (P.O. Box Number is Not Acceptable): 617 E. COLONIAL DRIVE
83
84 City: ORLANDO **FL** 85 Zip Code: 32803

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	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	PILPHORN, RICHARD L.	12 NAME	RILES, CLIFFORD L.	
STREET ADDRESS	617 E. COLONIAL DR.	13 STREET ADDRESS	617 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	BARTH, NANCY C	22 NAME	BUTTERY, ROBERT P.	
STREET ADDRESS	617 E COLONIAL DR	23 STREET ADDRESS	617 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	OSBURN, ROBERT O.	32 NAME		
STREET ADDRESS	617 E COLONIAL DR	33 STREET ADDRESS	REMOVE ENTIRELY PLEASE	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	V/D/T	☒ Change ☐ Addition
NAME	LACY, LONNIE H.	42 NAME		
STREET ADDRESS	617 E COLONIAL DR	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☒ Change ☐ Addition
NAME	HENNING, MERVIN D	52 NAME		
STREET ADDRESS	617 E COLONIAL DR	53 STREET ADDRESS	REMOVE ENTIRELY PLEASE	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE	SD	61 TITLE	S	☒ Change ☐ Addition
NAME	DOAN, DEBRA K.	62 NAME		
STREET ADDRESS	617 E COLONIAL DR	63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	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: Clifford L. Riles 4/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CLIFFORD L. RILES P/D — 4/4/95 — 407 896-8021
Typed or Printed Name & Title — Date — Daytime Phone #

0084183 CP