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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:39

DOCUMENT # 602080 (4)

1. Corporation Name
NEILL GRIFFIN JEFFRIES & LLOYD CHARTERED

Principal Place of Business	Mailing Address
P O BOX 1270 FT PIERCE FL 34954	P O BOX 1270 FT PIERCE FL 34954

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/07/1970**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business
21: 311 S. 2nd St.
22: Suite, Apt. #, etc.
23: Ft. Pierce
24: 34950
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **59-1209417** ☐ 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

NEILL,RICHARD V
311 S 2ND ST
FORT PIERCE FL 34954

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: **34950**

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	D	1.1 TITLE		☒ Change ☐ Addition
NAME	JEFFRIES, MICHAEL	1.2 NAME		
STREET ADDRESS	311 SOUTH 2ND ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 00000	1.4 CITY-ST-ZIP	34950	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	LLOYD, ROBERT M	2.2 NAME		
STREET ADDRESS	311 SOUTH 2ND ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 00000	2.4 CITY-ST-ZIP	34950	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	NEILL, RICHARD V	3.2 NAME		
STREET ADDRESS	311 SOUTH 2ND ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 00000	3.4 CITY-ST-ZIP	34950	
TITLE	PD	4.1 TITLE		☒ Change ☐ Addition
NAME	GRIFFIN, CHESTER B	4.2 NAME		
STREET ADDRESS	311 SOUTH 2ND ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 00000	4.4 CITY-ST-ZIP	34950	
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	TIERNEY, J. STEPHEN JR.	5.2 NAME		
STREET ADDRESS	311 SOUTH 2ND ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	34950	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____ 2/24/95 407-464-8200
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard V Neill

000001 FP