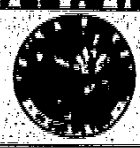


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 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 P O BOX 1270
FT PIERCE FL 34854 FT PIERCE FL 34854

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 311 S. 2ND ST. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
23 Ft. Pierce 28
Zip Country Zip Country
24 34950 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
05/07/1970 01/25/1994
4. FEI Number Applied For
59-1289417 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 34854

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL 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

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

12. OFFICERS AND DIRECTORS
TITLE D
NAME JEFFRIES, MICHAEL
STREET ADDRESS 311 SOUTH 2ND ST
CITY-ST-ZIP FORT PIERCE, FL 00000
TITLE D
NAME LLOYD, ROBERT M
STREET ADDRESS 311 SOUTH 2ND ST
CITY-ST-ZIP FORT PIERCE, FL 00000
TITLE D
NAME NEILL, RICHARD V
STREET ADDRESS 311 SOUTH 2ND ST
CITY-ST-ZIP FORT PIERCE, FL 00000
TITLE PD
NAME GRIFFIN, CHESTER B
STREET ADDRESS 311 SOUTH 2ND ST
CITY-ST-ZIP FORT PIERCE, FL 00000
TITLE D
NAME TIERNEY, J. STEPHEN JR.
STREET ADDRESS 311 SOUTH 2ND ST
CITY-ST-ZIP FT. PIERCE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 34950
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 34950
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 34950
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 34950
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 34950
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:
Typed or printed name of signing officer or director: Richard V. Neill
Date: 2/24/95
Exemptions (Type #): 407-464-P200