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
... 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **604908** (4)

1. Corporation Name
PATTILLO & MCKEEVER, P.A.

Principal Place of Business	Mailing Address
2100 S E 17TH STREET 300 OCALA FL 34471 US	P.O. BOX 1450 OCALA FL 34478 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1973
3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-1498747 — 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

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

9. Name and Address of Current Registered Agent

MCKEEVER, JOHN P
2100 SE 17 ST., STE 300
OCALA FL 32671

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

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 ___

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	D ☐ Change ☐ Addition
NAME	PATTILLO, ANDREW G JR	1 NAME	DOROUGH, JOHN R.
STREET ADDRESS	2241 SE 13TH ST	1 STREET ADDRESS	2100 SE 17 STREET
CITY-ST-ZIP	OCALA FL	1 CITY-ST-ZIP	OCALA FL
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	LAMBERT, BEVERLY A	2 NAME	
STREET ADDRESS	2297 SE LAUREL RUN DR	2 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	☐ Change ☐ Addition
NAME	SANDERS, GARY L	3 NAME	
STREET ADDRESS	4707 SE 39TH CT	3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3 CITY-ST-ZIP	
TITLE	SD	4 TITLE	☐ Change ☐ Addition
NAME	BICE, JEAN A	4 NAME	
STREET ADDRESS	8270 S.E. 3RD. CT.	4 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4 CITY-ST-ZIP	
TITLE	D	5 TITLE	☐ Change ☐ Addition
NAME	MARION, BETTY D.	5 NAME	
STREET ADDRESS	2100 SE 17 STREET	5 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5 CITY-ST-ZIP	
TITLE	D	6 TITLE	☐ Change ☐ Addition
NAME	GLENNY, DAVID	6 NAME	
STREET ADDRESS	1814 SE 33 STREET	6 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	6 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: ___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN P. MCKEEVER

0353446 CP