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

DOCUMENT # 604989 (4)

1. Corporation Name
M.H. ARBOGAST & COMPANY, P.A.

Principal Place of Business
108 WEST NEW HAVEN AVENUE
MELBOURNE FL 32901-4303

Mailing Address
108 WEST NEW HAVEN AVENUE
MELBOURNE FL 32901-4303

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1974
3a. Date of Last Report: 05/10/1994
4. FEI Number: 59-1503355 — 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 Ch. 199 (s), 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

ARBOGAST, MAURICE H.
108 WEST NEW HAVEN AVE.
MELBOURNE FL 32901

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 617.0502, 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

TITLE	PD
NAME	ARBOGAST, MAURICE H.
STREET ADDRESS	404 RIVERSIDE DR
CITY-ST-ZIP	MELBOURNE BCH FL
TITLE	VP
NAME	HELTON, NORMA A.
STREET ADDRESS	109 LEE ROAD
CITY-ST-ZIP	MELBOURNE FL
TITLE	VP
NAME	ARBOGAST, MICHAEL L.
STREET ADDRESS	30 MIAMI AVE
CITY-ST-ZIP	INDIALANTIC FL
TITLE	VP
NAME	ARBOGAST, MATTHEW H.
STREET ADDRESS	2605 MANORWOOD DR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		☐ Change	☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		☐ Change	☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		☐ Change	☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change	☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		☐ Change	☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		☐ Change	☐ Addition

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)(n), 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: *Michael L. Arbogast* — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL L. ARBOGAST

4/28/95 — DATE
407-723-5480 — DAYTIME PHONE #
VICE PRES.

0066682 CP