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 MAR 22 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 622280 (6)

1. Corporation Name

GEORGE E. DAY, P.A.

Principal Place of Business	Mailing Address
% GEORGE E. DAY 32 BEAL PARKWAY SW FT. WALTON BCH. FL 32548	% GEORGE E. DAY 32 BEAL PARKWAY SW FT. WALTON BCH. FL 32548

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/18/1979
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-1927493 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 32548-5398 — 24
Country — 25
Zip — 29
Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAY, GEORGE E. 32 BEAL PARKWAY SW FT WALTON BEACH FL FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 32548-5398

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	1.1 TITLE	☐ Change ☐ Addition
NAME	DAY, GEORGE E	1.2 NAME	
STREET ADDRESS	32 BEAL PARKWAY S W	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH. FL	1.4 CITY-ST-ZIP	ZIP 32548-5398
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	DAY, DORIS	2.2 NAME	
STREET ADDRESS	32 BEAL PARKWAY S W	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH. FL	2.4 CITY-ST-ZIP	" " "
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	MEADE, TIMOTHY I.	3.2 NAME	
STREET ADDRESS	32 BEAL PARKWAY S W	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH. FL	3.4 CITY-ST-ZIP	" " "
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: George E. Day PD — 3/15/'95 — (904) 243-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GEORGE E. DAY PD

0100010 CP