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 APR 28 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **635807** **(1)**

1. Corporation Name

BOROUGHS, GRIMM, BENNETT & MORLAN, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
201 E. PINE STREET, SUITE #500 P.O. BOX 3309 ORLANDO FL 32802-3309	201 E. PINE STREET, SUITE #500 P.O. BOX 3309 ORLANDO FL 32802-3309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/12/1979**
3a. Date of Last Report: **04/14/1994**

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)

4. FEI Number: **59-1941515** ☐ 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

BOROUGHS, P. THOMAS
201 E. PINE STREET
SUITE #500
ORLANDO, FL EFL 32801

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
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 T2	
TITLE	~~VD~~	1.1 TITLE	☐ Change ☐ Addition
NAME	~~GRIMM, WILLIAM A~~	1.2 NAME	
STREET ADDRESS	~~418 SETTER TRAIL~~ NO LONGER WITH FIRM	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~WINTER PARK FL~~	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BOROUGHS, THOMAS	2.2 NAME	
STREET ADDRESS	1600 HIGHLAND RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, JOHN R JR	3.2 NAME	
STREET ADDRESS	4227 WOODLYNNE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, R LEE	4.2 NAME	
STREET ADDRESS	2423 SHEWSBURY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	MORLAN, HAROLD E II	5.2 NAME	
STREET ADDRESS	1865 E ADAMS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition VD
NAME	STOVASH, ROBERT J.	6.2 NAME	STARCHER, DOUGLAS E.
STREET ADDRESS	5375 Chiswick Circle	6.3 STREET ADDRESS	37 E. Vanderbilt Street
CITY-ST-ZIP	Orlando, FL 32812	6.4 CITY-ST-ZIP	Orlando, FL 32804

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: John R. Simpson, Jr. April 25, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063718 CF