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 JUL -3 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 650280 (1)

1. Corporation Name

M.F. FLETCHER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7825 N DALE MABRY HWY STE 206 P O BOX 271770 TAMPA FL 33688	7825 N DALE MABRY HWY STE 206 P O BOX 271770 TAMPA FL 33688

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 01/07/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1952482 ☐ 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 ... Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MIRK, R PATRICK, ESQ
3825 HENDERSON BLVD
SUITE 200
TAMPA FL 33629

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	FLETCHER, MAX F.	12 NAME	FLETCHER, MAX F.
STREET ADDRESS	7825 N DALE MABRY HWY206	13 STREET ADDRESS	7825 N DALE MABRY HWY 206
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA FL 33614
TITLE	STD	21 TITLE	VP ☐ Change ☐ Addition
NAME	FLETCHER, MAX F.	22 NAME	KELTON, ROBERT
STREET ADDRESS	7825 N DALE MABRY HWY206	23 STREET ADDRESS	7825 N. DALE MABRY HWY 206
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA FL 33614
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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] 4-28-95 813-932-7055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. FLETCHER

0304033 CP