FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 650280

1. Corporation Name
M.F. Fletcher & Assoc. Inc.

Principal Place of Business
3550 W. Waters Ave
Suite 220
Tampa, FL. 33614

Mailing Address
P.O. Box 271770
Tampa, FL
33688

3. Date Incorporated or Qualified: 1980	3a. Date of Last Report: 1995
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 liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business: 21 ~~Same as above~~ 3550 W. Waters Ave
Suite, Apt. #, etc: 22 220
City & State: 23 Tampa, Florida
Zip: 24 33614 County: 25 Hillsborough

2a. Mailing Address: 26 ~~Same as above~~ P.O. Box 271770
Suite, Apt. #, etc: 27 —
City & State: 28 Tampa, FL
Zip: 29 33688 County: 30 Hillsborough

9. Name and Address of Current Registered Agent
R Patrick Mick, Esq —
2506 W. Azeele
Tampa, Florida 33609.

10. Name and Address of New Registered Agent
81 Name: R. Patrick Mick, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 2506 W. Azeele St.
83 —
84 City: Tampa **FL** 85 Zip Code: 33609

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: R. Patrick Mick — DATE: 6-14-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	Max F. Fletcher	
STREET ADDRESS	8702 Palisades Drive	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE	Vice President	☐ DELETE
NAME	Robert Kelton	
STREET ADDRESS	5648 Sailfish, Apt B	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***225.00

CR2E034 (12/95)

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] — 6-14-96 — 813-932-7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #