**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)**

# PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 PM 8:19

DOCUMENT # 681461 (0)

1. Corporation Name
DEISON AND ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3522 THOMASVILLE RD STE 500<br>PO BOX 13764 (32317)<br>TALLAHASSEE FL 32308-3468 | 3522 THOMASVILLE RD STE 500<br>PO BOX 13764 (32317)<br>TALLAHASSEE FL 32308-3468 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1980
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business (21): 2032-D THOMASVILLE RD.
2a. Mailing Address (26): P.O. BOX 13764

4. FEI Number: 59-1628661 ☐ 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): TALLAHASSEE, FL
City & State (28): TALLAHASSEE, FL

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

Zip (24): 32312 County (25): LEON
Zip (29): 32317 County (30): LEON

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

9. Name and Address of Current Registered Agent

MOORE, EDGAR M.
3522 THOMASVILLE RD STE 500
TALLAHASEE FL 32312

10. Name and Address of New Registered Agent

61 Name: MOORE, EDGAR M.
62 Street Address (P.O. Box Number is Not Acceptable): 2032-D THOMASVILLE ROAD
63:
64 City: TALLAHASSEE FL 65 Zip Code: 32312

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: 6/21/95
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 | SV | 11 TITLE | SV | ☒ Change ☐ Addition |
| NAME | MOORE, EDGAR M | 12 NAME | MOORE, EDGAR M. | |
| STREET ADDRESS | 3522 THOMASVILLE RD | 13 STREET ADDRESS | 2032-D THOMASVILLE ROAD | |
| CITY-ST-ZIP | TALLAHASSEE FL | 14 CITY-ST-ZIP | TALLAHASSEE, FL 32312 | |
| TITLE | PT | 21 TITLE | PT | ☒ Change ☐ Addition |
| NAME | DEISON, GLORIA | 22 NAME | DEISON, GLORIA | |
| STREET ADDRESS | 3725 BOBBIN MILL RD. | 23 STREET ADDRESS | 3725 BOBBIN MILL ROAD | |
| CITY-ST-ZIP | TALLAHASSEE FL | 24 CITY-ST-ZIP | TALLAHASSEE, FL 32312 | |
| TITLE | V | 31 TITLE | V | ☒ Change ☐ Addition |
| NAME | BUFORD, A. L., JR. | 32 NAME | BUFORD, A.L., JR. | |
| STREET ADDRESS | 3522 THOMASVILLE RD | 33 STREET ADDRESS | 217 JOHN KNOX ROAD | |
| CITY-ST-ZIP | TALLAHASSEE FL | 34 CITY-ST-ZIP | TALLAHASSEE, FL 32303 | |
| 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 | | |

CR2E034 (3/95)

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: _____ 6/21/95 904-386-1285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01281115 FP