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 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **692571** **(3)**

1. Corporation Name
LAURENCE J. PINO, P.A.

REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% LAURENCE JAMES PINO 24 SOUTH ORANGE AVENUE ORLANDO FL 32801	% LAURENCE JAMES PINO 24 SOUTH ORANGE AVENUE ORLANDO FL 32801

3. Date Incorporated or Qualified: **06/30/1981**
3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business	2a. Mailing Address
21 **255 S. Orange Ave.**	26 **255 S. Orange Ave.**
Suite, Apt. #, etc. 22 **6th Floor**	Suite, Apt. #, etc. 27 **6th Floor**
City & State 23 **Orlando, FL**	City & State 28 **Orlando, FL**
Zip 24 **32801** County 25 **Orange**	Zip 29 **32801** County 30 **Orange**

4. FEI Number: **59-2127515** ☐ 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 in excess of $100,000 as defined in Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PINO, LAURENCE JAMES ~~24 SOUTH ORANGE AVENUE~~ **255 S. Orange Ave., 6th Floor** ORLANDO FL 32801	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 _____ (Signature, Typed or Printed Name of Registered Agent and Title, if applicable) (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☑ Change ☐ Addition
NAME	PINO, LAURENCE J.	12 NAME	
STREET ADDRESS	24 S ORANGE AVE	13 STREET ADDRESS	**255 S. Orange Avenue, 6th Floor**
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	**32801**
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	WILSON, PATRICIA T	22 NAME	
STREET ADDRESS	24 S ORANGE AVE	23 STREET ADDRESS	**255 S. Orange Ave., 6th Floor**
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	**32801**
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: _____ **4/25/95** **407-425-7831**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia T. Wilson, Secretary

0002385 CP