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

FILED
95 MAY -1 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **692709** **(9)**

1. Corporation Name

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
225 WATER STREET 1800 FIRST UNION NATIONAL BANK TOWER JACKSONVILLE FL 32202	225 WATER STREET 1800 FIRST UNION NATIONAL BANK TOWER JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1981
3a. Date of Last Report: 04/19/1994

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

4. FEI Number: 59-2100518 ☐ 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

KUNTZ, WILLIAM E.
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

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 restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CD~~	1.1 TITLE	DV	☐ Change ☒ Addition
NAME	~~HULSEY, MARK~~	1.2 NAME	Post, James H.	
STREET ADDRESS	~~4150 VENETIA BLVD.~~	1.3 STREET ADDRESS	1251 Heron Point Road	
CITY-ST-ZIP	~~JACKSONVILLE, FL 00000~~	1.4 CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	~~PD~~	2.1 TITLE	PDC	☒ Change ☐ Addition
NAME	BUSEY, STEPHEN D.	2.2 NAME		
STREET ADDRESS	225 WATER ST., #1800	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, HARRY M., III	3.2 NAME		
STREET ADDRESS	3830 BETTES CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	KUNTZ, WILLIAM E.	4.2 NAME		
STREET ADDRESS	4744 PRINCE EDWARD RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	~~VSD~~	5.1 TITLE	VSD	☐ Change ☒ Addition
NAME	~~SMITH, JOHN R., JR.~~	5.2 NAME	Lewis, M. Richard, Jr.	
STREET ADDRESS	~~4000 LONG BOW RD S~~	5.3 STREET ADDRESS	4619 Apache Avenue	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	5.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		6.1 TITLE	T	☐ Change ☒ Addition
NAME		6.2 NAME	Johnston, Jean	
STREET ADDRESS		6.3 STREET ADDRESS	1834 Deer Run Trail	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32216	

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 the 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: _____ Joan Johnston 4/25/95 (904) 359-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018010 CP