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 JUL 25 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F41428 (6)

1. Corporation Name
MAGUIRE HILBISH ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1238 SEA PLUME WAY SARASOTA FL 34242-9647	1238 SEA PLUME WAY SARASOTA FL 34242-9647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1981
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 402 PEEBLES ST.
22 Suite, Apt #, etc: -
23 City & State: SEWICKLEY, PA 15143
24 Zip: 15143
25 Country: ALLEGHENY

2a. Mailing Address
26: 402 Peebles Street
27 Suite, Apt #, etc: -
28 City & State: SEWICKLEY PA 15143
29 Zip: 15143
30 Country: ALLEGHENY

4. FEI Number: 25-1298482 ☐ 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

BRITTON, ANDREW J
333 TAMIAMI TRAIL, SOUTH
VENICE FL 34285

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	MAGUIRE, JOHN F.	12 NAME	HILBISH, HALDANE E.
STREET ADDRESS	1238 SEA PLUME WAY	13 STREET ADDRESS	402 PEEBLES STREET
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	SEWICKLEY, PA 15143
TITLE	STD	21 TITLE	ST ☒ Change ☐ Addition
NAME	MAGUIRE, JEAN K	22 NAME	HEATHER-HILBISH, LINDA M.
STREET ADDRESS	1238 SEA PLUME WAY	23 STREET ADDRESS	402 PEEBLES STREET
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	SEWICKLEY, PA 15143
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] 17 JUL 95 412-749-0533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0344021 CP