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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 MAR -8 PM 3:33

DOCUMENT # F43453 (2)

1. Corporation Name
B.R. CHAMBERLAIN & SONS, INC.

Principal Place of Business	Mailing Address
~~215 NORTH EOLA DR.~~ ~~ORLANDO FL 32801~~	~~215 NORTH EOLA DR.~~ ~~ORLANDO FL 32801~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/04/1981	3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2421531	☐ 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	2a. Mailing Address
21 2714 Rew Circle	26 c/o 390 N. Orange Ave.,
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 1650
City & State 23 Ocoee, Florida	City & State 28 Orlando, Florida
Zip / Country 24 34761 / 25 Orange	Zip / Country 29 32801 / 30 Orange

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MANOR, TIMOTHY J.~~ ~~215 N EOLA DR~~ ~~ORLANDO FL 32801~~	01 Name: STEPHEN D. DUNEGAN, ESQ. 02 Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Ave., 03 Suite 1650 04 City: Orlando, FL 05 Zip Code: 32801

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: Stephen D. Dunegan 2/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☐ Change ☑ Addition T
NAME	CHAMBERLAIN, PETER L.	1.2 NAME	CHAMBERLAIN, PETER L.
STREET ADDRESS	2845 MARQUESAS COURT	1.3 STREET ADDRESS	2845 MARQUESAS COURT
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	WINDERMERE, FL
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Peter L. Chamberlain, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062731 CP