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 MAR 10 PM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F45606** **(3)**

1. Corporation Name

MASON & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
18167 U.S. 19 NORTH SUITE 150 CLEARWATER FL 34624-6566 US	18167 U.S. 19 NORTH SUITE 150 CLEARWATER FL 34624-6566 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1981
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address
21 17757 U.S. Hwy. 19 N.	26 17757 U.S. Hwy. 19 N.
Suite, Apt. #, etc. 22 Suite 500	Suite, Apt. #, etc. 27 Suite 500
City & State 23 Clearwater, Florida	City & State 28 Clearwater, Florida
Zip / Country 24 34624 / 25 Pinellas	Zip / Country 29 34624 / 30 Pinellas

4. FEI Number: 36-3133540 ☐ 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 XX No

9. Name and Address of Current Registered Agent

MASON, JOSEPH C JR
18167 U.S. 19 NORTH
SUITE #150
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: Mason, Anne S.
82 Street Address (P.O. Box Number is Not Acceptable): 17757 U.S. Hwy. 19 North
83: Suite 500
84 City: Clearwater **FL** 85 Zip Code: 34624

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	President/Director ☒ Change ☐ Addition
NAME	MASON, JOSEPH C JR	1.2 NAME	Mason, Anne S.
STREET ADDRESS	18167 US 19 N STE #150	1.3 STREET ADDRESS	17757 U.S. Hwy. 19 North, Suite 500
CITY-ST-ZIP	CLEARWATER, FL 00000	1.4 CITY-ST-ZIP	Clearwater, Florida 34624
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0380378 CP