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 PM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F59543** **(1)**

1. Corporation Name
PETERKIN, ALLEN & BAILEY, CHARTERED

Principal Place of Business	Mailing Address
1905 S. 25TH STREET, STE 200 FT PIERCE FL 34947	1905 S. 25TH STREET, STE 200 FT PIERCE FL 34947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1981	3a. Date of Last Report: 04/13/1994
21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country
4. FEI Number: 59-2140063 ☐ 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

PETERKIN, SAM R JR
1905 S. 25TH STREET, STE 200
FT PIERCE, FL
34947

10. Name and Address of New Registered Agent

61 Name: MICHAEL D ALLEN
62 Street Address (P.O. Box Number Is Not Acceptable)
63: 1905 S 25TH STREET STE 200
64 City: FT PIERCE FL 65 Zip Code: 34947

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: MD Allen MICHAEL D ALLEN SECRETARY 4/27/95
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PETERKIN, SAMUEL R. JR	1.2 NAME	
STREET ADDRESS	3049 FAIRWAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, MICHAEL D.	2.2 NAME	
STREET ADDRESS	1402 NEBRASKA AVE 15C	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, RANDY G.	3.2 NAME	
STREET ADDRESS	4250 N. A1A, 702A	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	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: MD Allen 4/27/95 (407)461-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL D. ALLEN

0382465 CP