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 -7 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000000066 (9)**

1. Corporation Name
M.W. JULIAN, INC.

Principal Place of Business	Mailing Address
2907 N. DALE MABRY TAMPA FL 33607	2907 N. DALE MABRY TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/28/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **59-3156773** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LEVENREICH, DAVID C
1230 S. MYRTLE AVE.
SUITE 206
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 406 S. Prospect Avenue
83 Clearwater, FL 34616
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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JULIAN, MICHAEL W.	1.2 NAME	
STREET ADDRESS	4451 WHEELER	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND PRAIRIE TX 75052	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	PURNELL, DENNIS C	2.2 NAME	
STREET ADDRESS	~~1500 STONELEIGH COURT, STE. 1050~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ARLINGTON TX 76011~~ 16193 RAMBLING VINE TAMPA, FL. 33624	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	JULIAN, MICHAEL W.	3.2 NAME	
STREET ADDRESS	4451 WHEELER	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND PRAIRIE TX 75052	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JULIAN, MICHAEL W.	4.2 NAME	
STREET ADDRESS	4451 WHEELEER	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND PRAIRIE TX 75052	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: Michael W. Julian MICHAEL W. JULIAN 6/16/95 214-642-6515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0292634 CP