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 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93162** **(8)**

1. Corporation Name

KINSEY VINCENT PYLE, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
150 S. PALMETTO AVE., BOX A DAYTONA BEACH FL 32114	150 S. PALMETTO AVE., BOX A DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2206337 ☐ 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

TUMBLESON, J. DOYLE
150 S. PALMETTO AVE., BOX A
DAYTONA BEACH FL 32014

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	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, S. LARUE	1.2 NAME		
STREET ADDRESS	17 RIVERRIDGE TERRACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VST	2.1 TITLE	VST D	☐ Change ☒ Addition
NAME	TUMBLESON, J DOYLE (D)	2.2 NAME	TUMBLESON, J. DOYLE	
STREET ADDRESS	72 COUNTRY CLUB DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	BURT, RICHARD A.	3.2 NAME		
STREET ADDRESS	3 RIVERRIDGE TRAIL	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH. FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	DELETE	☐ Change ☐ Addition
NAME	PYLE, MICHAEL A.	4.2 NAME	DELETE	
STREET ADDRESS	80 HIDDEN HILLS DR	4.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	ORMOND BCH. FL	4.4 CITY-ST-ZIP	DELETE	
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: J. Doyle Tumbleson 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007831 CP