FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

APPROVED
95 MAY -1 PM 1:37
TALLAHASSEE, FLORIDA

DOCUMENT # G09623 (1)

1 CORPORATE NAME
B.H. TUCKER, P.A.

PRINCIPAL OFFICE
% BOBBY H. TUCKER
208 N. PARROTT AVE
OKEECHOBEE FL 34972

MAILING ADDRESS
% BOBBY H. TUCKER
208 N. PARROTT AVE
OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 11/24/1982
3a. Date of Last Report: 05/01/1994

2. Mailing Address
21
2a. Mailing Address
26

4. FEI Number: 59-2269067
Applied For
Not Applicable

22 City, State, Zip
27 City, State, Zip

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

23 City, State
28 City, State

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 City 25 State
29 City 30 State

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TUCKER, BOBBY H. 208 NORTH PARROTT AVE. OKEECHOBEE FL 34972	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 Section 607.0505 and 607.150(8), 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(S)
Typed or printed name of registered agent
Registered Agent signature (required if filing separately) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P TUCKER, BOBBY H. 208 N. PARROTT AVE. OKEECHOBEE FL	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	ST TUCKER, PAMELA G. 208 N. PARROTT AVE. OKEECHOBEE FL	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report, voluntary, formulated 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 above, or in Block 12 or Block 13 if changed, or on attached amendment, with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/ 1 / 95 Date

813-763-4010 Telephone Number

0363185 CP