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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:46

DOCUMENT # G14999 (8)

1. Corporation Name

ROBISON, OWEN & COOK, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
5250 S. HIGHWAY 17-92 BOX 180695 CASSELBERRY FL 32718-0695 US	5250 S. HIGHWAY 17-92 BOX 180695 CASSELBERRY FL 32718-0695 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1982
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2229469 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

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

ROBISON, RICHARD L.
5250 S. HIGHWAY 17-92
CASSELBERRY FL 32707

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 ____________________
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	ROBISON, RICHARD L	1 2 NAME	
STREET ADDRESS	930 LONGHAVEN DR	1 3 STREET ADDRESS	
CITY ST ZIP	MAITLAND, FL 00000	1 4 CITY ST ZIP	32751
TITLE	VSD	2 1 TITLE	☐ Change ☒ Addition
NAME	OWEN, RICHARD B	2 2 NAME	
STREET ADDRESS	904 SPRING VALLEY RD.	2 3 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS FL	2 4 CITY ST ZIP	32714-6517
TITLE	VTD	3 1 TITLE	☐ Change ☒ Addition
NAME	COOK, ALBERT R	3 2 NAME	
STREET ADDRESS	8554 AMBER OAK DRIVE	3 3 STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL 00000	3 4 CITY ST ZIP	32817
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: Richard L. Robison, President 01/10/95 (407) 830-4009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RICHARD L. ROBISON, P/D