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 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G41949** **(0)**

1. Corporate Name

S. CRAIG WAKEFIELD PROFESSIONAL ASSOCIATION

Principal Place of Business
1400 W. OAK ST.
SUITE A
KISSIMMEE FL 34741
US

Mailing Address
P.O. BOX 421 408
KISSIMMEE FL 34742
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/27/1983**
3a. Date of Last Report: **08/12/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2298326** ☐ 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
County — 25
ZIP: 34742-1408 — 29
County — 30
8. *This corporation has, latest, for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WAKEFIELD, S CRAIG
1400 W. OAK STREET
SUITE A
KISSIMMEE FL 34741

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	PDT	☐ Change ☑ Addition
12 NAME	WAKEFIELD, S. CRAIG	
13 STREET ADDRESS	2409 BROOKSIDE AVE.	
14 CITY ST ZIP	KISSIMMEE FL	34744
21 TITLE	S	☐ Change ☑ Addition
22 NAME	WAKEFIELD, S. CRAIG	
23 STREET ADDRESS	2409 BROOKSIDE AVE.	
24 CITY ST ZIP	KISSIMMEE FL	34744
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 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 addition.

SIGNATURE: S. Craig Wakefield 5/28/95 407 846 7113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462253 FP