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

9 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G46523** **(8)**

1. Corporate Name
WARREN T. LA FRAY, P.A.

Principal Place of Business
% WARREN T. LA FRAY, ESQ.
300 TURNER STREET
CLEARWATER FL 34616-5327

Mailing Address
% WARREN T. LA FRAY, ESQ.
300 TURNER STREET
CLEARWATER FL 34616-5327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/28/1983**
3a. Date of Last Report: **05/01/1994**

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

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

4. FEI Number: **59-2215134** 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. Does corporation have taxable or nontaxable income under § 193.073 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LA FRAY, WARREN T. ESQ.
300 TURNER STREET
CLEARWATER FL 33516

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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

TYPE	PD
NAME	LA FRAY, WARREN T.
STREET ADDRESS	300 TURNER STREET
CITY, ST, ZIP	CLEARWATER FL
TYPE	ST
NAME	LA FRAY, WARREN T.
STREET ADDRESS	300 TURNER STREET
CITY, ST, ZIP	CLEARWATER FL
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the enclosed report is accurate and complete and that the information shown in the report is true and correct to the best of my knowledge and belief. I further certify that I am an officer or director of the corporation or the agent of the corporation upon whom this report is made and that I am familiar with the provisions of Chapter 607, Florida Statutes, and that my name appears above, or on an attached list, as an officer or director with authority.

SIGNATURE: 4/26/95 (813) 461-5192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0384024 CP