SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 22 AM 8:15

DOCUMENT # **G56550** **(8)**

1. Corporation Name
LEHMAN, FRANCHINO & RAWSON, P.A.

Principal Place of Business	Mailing Address
700 11TH STR SO STE 203 NAPLES FL 33940 US	700 11TH STR SO STE 203 NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1983
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2317673 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1250 North Tamiami Trail	26 ~~Same~~
22 Suite, Apt. #, etc. Suite 302	27 Suite, Apt. #, etc.
23 City & State Naples, FL	28 City & State
24 Zip 33940	25 County U.S.A.
	29 Zip
	30 County

9. Name and Address of Current Registered Agent

LEHMAN, CHARLES C.
700 11TH STREET SOUTH, STE 203
NAPLES FL 33940

10. Name and Address of New Registered Agent

61 Name: Thomas W. Franchino
62 Street Address (P.O. Box Number is Not Acceptable): 1250 North Tamiami Trail
63 Suite 302
64 City: Naples FL 65 Zip Code: 33940

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	11 TITLE	P/T/D
NAME	FRANCHINO, THOMAS W.	12 NAME	
STREET ADDRESS	700 11TH ST S STE 203	13 STREET ADDRESS	1250 North Tamiami Trail, Suite 302
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, FL 33940
TITLE	DVS	21 TITLE	
NAME	CHARLES, LEHMAN C.	22 NAME	
STREET ADDRESS	700 11TH ST S. STE 203	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	VP/S/D
NAME	RAWSON, M. JEAN	32 NAME	
STREET ADDRESS	700 11TH ST. S STE 203	33 STREET ADDRESS	1250 North Tamiami Trail, Suite 302
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Naples, FL 33940
TITLE	VPDT	41 TITLE	
NAME	LEHMAN, CHARLES C.	42 NAME	
STREET ADDRESS	700 11TH ST. S STE 203	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

☐ Change ☐ Addition

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 the 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: Thomas W. Franchino, Pres./Director (813) 263-8357
Name and title of individual signing (type or print) Date Area Code & Daytime Phone Number

CR2E034 (3/95)

0104020 CP