FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **G65822** (0)

1. Corporate Name

H & S PROFESSIONAL PROPERTIES, INC.

Principal Place of Business

7030 STANDING PINES LANE
TALLAHASSEE FL 32315-748
US

Mailing Address

7030 STANDING PINES LANE
TALLAHASSEE FL 32315-748
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1983

3a. Date of Last Report: 04/12/1994

4. FEI Number: 59-2337122 — [ ] 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip: 24 32312 — 25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip: 29 32312 — 30 Country

9. Name and Address of Current Registered Agent

DENNARD, HARRY A
7030 STANDING PINES LANE
TALLAHASSEE FL 32312

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

TITLE	DTS
NAME	DENNARD, HARRY A
STREET ADDRESS	7030 STANDING PINES LANE
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	PD
NAME	DENNARD, SANDRA B.
STREET ADDRESS	7030 STANDING PINES LANE
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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(1)(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: Sandra B Dennard — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra B. Dennard

4/28/95 — Date

904-893-1045 — Daytime Phone #

0029026 CP