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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****200.00 ***200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

1. Corporation Name
MICHAEL S. HERRING, P.A.

DOCUMENT #
G76410 (1)

Mailing Address
**1101 W. FIRST ST
 SANFORD FL 32771**

Principal Place of Business
**1101 W. FIRST ST
 SANFORD FL 32771**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21		2a. Principal Place of Business 26		4. FBI Number 59-2378175		3a. Date of Last Report 05/01/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
City & State 23		City & State 28		7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HERRING, MICHAEL S. 1101 W. FIRST STREET SANFORD FL 32771				10. Name and Address of New Registered Agent			
				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City		B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Acceptance) (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE P	12 NAME HERRING, MICHAEL	11 TITLE	
13 STREET ADDRESS 339 PINSHADOW	14 CITY, ST, ZIP LAKE MARY FL	12 NAME	
21 TITLE		13 STREET ADDRESS	
22 NAME		14 CITY, ST, ZIP	
23 STREET ADDRESS		21 TITLE	
24 CITY, ST, ZIP		22 NAME	
31 TITLE		23 STREET ADDRESS	
32 NAME		24 CITY, ST, ZIP	
33 STREET ADDRESS		31 TITLE	
34 CITY, ST, ZIP		32 NAME	
41 TITLE		33 STREET ADDRESS	
42 NAME		34 CITY, ST, ZIP	
43 STREET ADDRESS		41 TITLE	
44 CITY, ST, ZIP		42 NAME	
51 TITLE		43 STREET ADDRESS	
52 NAME		44 CITY, ST, ZIP	
53 STREET ADDRESS		51 TITLE	
54 CITY, ST, ZIP		52 NAME	
61 TITLE		53 STREET ADDRESS	
62 NAME		54 CITY, ST, ZIP	
63 STREET ADDRESS		61 TITLE	
64 CITY, ST, ZIP		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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael S. Herring* DATE: **4/30/95**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR