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 10 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G84281** **(6)**

1. Corporate Name
CHARLES W. DODSON, P.A.

Principal Place of Business
325 CALHOUN STREET
P O BOX 670
TALLAHASSEE FL 32302

Mailing Address
325 CALHOUN STREET
P O BOX 670
TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1984
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2368422 — 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 / Country — 25
2a. Mailing Address — 26 / Suite, Apt. # etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

9. **Name and Address of Current Registered Agent**
DODSON, CHARLES W.
325 CALHOUN STREET
TALLAHASSEE FL 32301

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 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, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Field	
TITLE	DP
NAME	DODSON, CHARLES W.
STREET ADDRESS	325 CALHOUN STREET
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blocks each: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition; all blank)

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 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: Charles W. Dodson — 5/3/95 — (904) 681-0633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0026270 CP