FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

APPROVED
MAY 10 1995
FLED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H00438 (2)

1. Current Name
GARWOOD, MCKENNA & MCKENNA, P.A.

Principal Place of Business	Mailing Address
815 N GARLAND AVE ORLANDO FL 32801 US	815 N GARLAND AVE ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1984	3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2393597	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 Ch. 199.032 Florida Statutes: ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARWOOD, JR., THOMAS C. 815 N GARLAND AVE ORLANDO FL 32801	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 Section(s) 607.1622 and/or 1608 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. Further, if the corporation's board of directors changes the appointment of registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	TITLE	☐ Change ☐ Addition
NAME	GARWOOD,JR., THOMAS C.	NAME	
STREET ADDRESS	815 N GARLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	MEAD,JR., ROBERT W.	NAME	
STREET ADDRESS	250 N. ORANGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	MCKENNA, SUSAN K.	NAME	
STREET ADDRESS	815 N GARLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	MCKENNA, ALLEN J	NAME	
STREET ADDRESS	815 N GARLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. The undersigned 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 added to the report with an address.

SIGNATURE: Thomas C. Garwood Jr. 4/28/95 (407) 841-9496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003810 CP