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 APR 19 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H36754** **(0)**

1. Corporation Name
ROBERT W. SCHUPP, P.A.

Principal Place of Business	Mailing Address
C/O ROBERT W. SCHUPP ~~3853 CRICKET COVE ROAD, EAST~~ ~~JACKSONVILLE FL 32224~~ US	C/O ROBERT W. SCHUPP ~~3853 CRICKET COVE ROAD, EAST~~ ~~JACKSONVILLE FL 32224~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1985
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business	2a. Mailing Address
21 1730 SHADOWOOD LN. #300	26 1321 WOODWARD AVE
22 Suite, Apt. #, etc. 300	27 Suite, Apt. #, etc.
23 City & State JACKSONVILLE FL	28 City & State JACKSONVILLE FL
24 Zip 32207 25 Country USA	29 Zip 32207 30 Country USA

4. FEI Number: 59-2491866 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHUPP, ROBERT W. 3853 CRICKET COVE ROAD, EAST JACKSONVILLE FL 32224	81 Name SCHUPP, ROBERT W 82 Street Address (P.O. Box Number is Not Acceptable) 1321 WOODWARD AVE 83 84 City JACKSONVILLE FL 85 Zip Code 32207

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: Robert W. Schupp — Robert W. Schupp — 4/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	SCHUPP, ROBERT W.	1.2 NAME	SCHUPP, ROBERT W	
STREET ADDRESS	~~3853 CRICKET COVE RD E~~	1.3 STREET ADDRESS	1321 WOODWARD AVE	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Robert W. Schupp — Robert W. Schupp — 4/14/95 — 904-396-3471
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0083784 CP