SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -7 AM 10:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H40799** **(9)**

1. Corporation Name
DURHAM, PAGE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
545 AVE K. S.E. WINTER HAVEN FL 33880	545 AVE K. S.E. WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 10 LAKE ELOISE LANE SE.	26 P.O. BOX 7395
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WINTER HAVEN, FL	City & State 28 WINTER HAVEN, FL
Zip 24 33884 Country 25	Zip 29 33883 Country 30

4. FEI Number: 59-2494822 ☐ 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 files jointly for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DURHAM, JIMMY R.
545 AVE K, S.E.
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

91 Name: DURHAM, JIMMY R.
92 Street Address (P.O. Box Number is Not Acceptable)
93 10 LAKE ELOISE LANE, S.E.
94 City: WINTER HAVEN FL 95 Zip Code: 33884

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	DURHAM, JIMMY R	12 NAME	PD
STREET ADDRESS	545 AVE K, S.E.	13 STREET ADDRESS	DURHAM, JIMMY R.
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	10 LAKE ELOISE LANE, S.E. WINTER HAVEN, FL 33884
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PAGE, HAROLD M. JR.	22 NAME	
STREET ADDRESS	118 ELM SQ. S.	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: _____ 7/31/95 (941) 299-1189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150000 FP