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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:50

DOCUMENT # H46323 (2)

1. Corporation Name
WILLIAM F. CALDWELL & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% WHEELER, ERWIN & FOUNTAIN, P.A. 9428 BAYMEADOWS RD., STE. 230 JACKSONVILLE FL 32256	% WHEELER, ERWIN & FOUNTAIN, P.A. 9428 BAYMEADOWS RD., STE. 230 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1985
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business	2a. Mailing Address
21 2622 Lighthouse Blvd	26 2622 Lighthouse Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ponte Vedra Beach, FL	28 City & State: Ponte Vedra Beach, FL
24 Zip: 32082 25 Country: ST. JOHNS	29 Zip: 32082 30 Country: ST. JOHNS

4. FEI Number: 59-2592364 ☐ 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

BRANT, MOORE, SAPP, MACDONALD & WELLS,P.A.
50 N LAURA ST #3100
JACKSONVILLE FL 32202

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 607.1509, 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. Each agent 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: William F. Caldwell 1/30/95
(Signature typed or printed below if registered agent and title if applicable) (NOTE: Registered Agent signature required when mail-in filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CALDWELL, WILLIAM F.	12 NAME	
STREET ADDRESS	2622 LIGHTHOUSE BEND DR	13 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 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: William F. Caldwell 2/9/95 904/285-9036.
(SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0021104 CP