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 -1 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H54917** **(0)**

1. Corporation Name
CONNER ACCOUNTING, INC.

Principal Place of Business	Mailing Address
430 LEE BLVD. P.O. BOX 326 LEHIGH ACRES FL 33936	430 LEE BLVD. P.O. BOX 326 LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1985
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business
21: 1261 HOMESTEAD Rd. N.
22 Suite, Apt. #, etc.: STE. 214
23 City & State: LEHIGH ACRES, FL.
24 Zip: 33936
25 Country: LEE

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-2517671 ☐ 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

CONNER, RALPH B.
22101 LUCKY LEE LANE
ALVA FL 33920

10. Name and Address of New Registered Agent

81 Name: LINDA S. EDWARDS
82 Street Address (P.O. Box Number is Not Acceptable): 207 HIGHLAND AVE.
83:
84 City: LEHIGH ACRES FL 85 Zip Code: 33936

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: Linda S Edwards — 4-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	PRESIDENT, TREASURER	☒ Change ☐ Addition
NAME	CONNER, RALPH B.	1.2 NAME	LINDA S. EDWARDS	
STREET ADDRESS	22101 LUCKY LEE LANE	1.3 STREET ADDRESS	207 HIGHLAND AVE.	
CITY-ST-ZIP	ALVA FL	1.4 CITY-ST-ZIP	LEHIGH ACRES FL. 33936	
TITLE	VD	2.1 TITLE	VICE PRESIDENT, SECRETARY	☒ Change ☐ Addition
NAME	CONNER, DELORES I.	2.2 NAME	LOREETA R. HIGHFILL	
STREET ADDRESS	22010 LUCKY LEE LANE	2.3 STREET ADDRESS	470 BLUE LAGOON LN.	
CITY-ST-ZIP	ALVA FL	2.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, LINDA S	3.2 NAME		
STREET ADDRESS	207 HIGHLAND AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	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: Linda S Edwards — 4.27.95 — 813-368-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0334803 CP