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 FEB 14 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60840 (6) + DEMONT,

1. Corporation Name
KIRSCHNER, MAIN, PETRIE, GRAHAM & TANNER, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
ONE INDEPENDENT DRIVE STE. 2000 JACKSONVILLE FL 32201-1559 US	P O BOX 1559 JACKSONVILLE FL 32201-8559

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1985	3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2538889	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	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

GRAHAM, T. MALCOLM
ONE INDEPENDENT DRIVE
STE. 2000
JACKSONVILLE FL 32201

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 607.1508, 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	P	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	KIRSCHER, KENNETH M.	1.2 NAME	JAMES L. MAIN	
STREET ADDRESS	5441 RIVER TRAIL	1.3 STREET ADDRESS	7968 QUAILWOOD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	VD	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	GAYLE, PETRIE	2.2 NAME	MICHAEL G. TANNER	
STREET ADDRESS	8130 WEKIVA LANE	2.3 STREET ADDRESS	4651 ARAPAHOE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	HEEKIN, GEOFFREY T.	3.2 NAME		
STREET ADDRESS	3441 MORIER ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP		
TITLE	DVS	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, T. MALCOLM	4.2 NAME		
STREET ADDRESS	4979 PRINCE EDWARD ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210	4.4 CITY-ST-ZIP		
TITLE	VPD	5.1 TITLE		☐ Change ☐ Addition
NAME	AVERITT, BARRY C	5.2 NAME		
STREET ADDRESS	1601 OCEAN DRIVE, SOUTH, #705	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	5.4 CITY-ST-ZIP		
TITLE	VPD	6.1 TITLE		☐ Change ☐ Addition
NAME	DEMONT, MICHAEL E	6.2 NAME		
STREET ADDRESS	3831 MCGIRTS BLVD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210	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, added or deleted.

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

0404890 FP