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 MAR 17 AM 10:30

DOCUMENT # H64888 (1)

1. Corporation Name
FLORIDA SPEAKERS BUREAU, INC.

Principal Place of Business	Mailing Address
4815 E. BUSCH BLVD SUITE 201-E TAMPA FL 33617	4815 E. BUSCH BLVD SUITE 201-E TAMPA FL 33617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/03/1985
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 605 Surrey Lane
22 Suite, Apt. #, etc.
23 City & State: Lutz, FL
24 Zip: 33549
25 Country: Hillsborough

2a. Mailing Address
26 P.O. Box 2078
27 Suite, Apt. #, etc.
28 City & State: Lutz, FL
29 Zip: 33549
30 Country: Hillsborough

4. FEI Number: 59-2575563 ☐ 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

BROWN, LOIS
~~4815 E. BUSCH BLVD~~
~~SUITE 201-E~~
~~TAMPA FL 33617~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 605 Surrey Lane
83
84 City: Lutz, FL 85 Zip Code: 33549

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: Lois L. Brown Lois L. Brown, Pres. 3-7-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, LOIS L	1.2 NAME	
STREET ADDRESS	605 SURREY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, JAKE B	2.2 NAME	
STREET ADDRESS	605 SURREY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, RHONDA J	3.2 NAME	
STREET ADDRESS	14108 WINSLOW PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA F	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: Lois L. Brown Lois L. Brown, President 3/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0207891 CP