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 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H65162 (0)

1. Corporation Name

PARDUE, HEID, CHURCH, SMITH & WALLER OF SOUTH FLORIDA, INC.

600001498646
-05/24/95--01093--001
***1730.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2161 PALM BEACH LAKES BLVD 417 WEST PALM BEACH FL 33409 US	% WILLIAM P. PARDUE, JR. 1403 WEST COLONIAL DRIVE ORLANDO FL 32804

3. Date Incorporated or Qualified: 07/03/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

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

4. FEI Number: 59-2657442 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PARDUE JR, WILLIAM P
1403 W COLONIAL DR
ORLANDO FL 32804

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 (Signature of new registered agent, if applicable) (Name of Registered Agent typed or printed after signature) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CHURCH, LARRY A 1403 W COLONIAL DR ORLANDO FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MOREYRA, ROBERT 1403 W COLONIAL ORLANDO FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DS SCHMIDT, STEPHEN M. 222 SEMINOLE AVE. PALM BEACH FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	D,S, Treasurer	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PARDUE, WILLIAM P JR 1403 W COLONIAL DR ORLANDO FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~DP~~ BOYD, DAVID W 2161 PALM BCH LKS BLVD W PALM BCH FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	President, Director	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~DP~~ ~~DUCKWORTH, CRAIG T~~ ~~2161 PALM BCH LKS BLVD~~ ~~W PALM BCH FL~~	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	Delete (H	☑ Change ☐ Addition

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: _____ 5/2/95 (Date) 407-841-3602 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Moreyra

D050040 CP