

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAY -1 PM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # H67635 (3)

1. Corporation Name
DAN PHILLIP BRAWLEY, P.A.

Principal Place of Business 100 S KENTUCKY AVE., STE 240 LAKELAND FL 33801	Mailing Address 100 S KENTUCKY AVE., STE 240 LAKELAND FL 33801
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1985	3a. Date of Last Report 05/01/1994
21 Suits, Apt. #, etc.	22 City & State	26 Suits, Apt. #, etc.	27 City & State	4. FEI Number 59-2557948	Applied For Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRAWLEY, DAN PHILLIP
100 S KENTUCKY AVE., STE 240
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation admits 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME BRAWLEY, DAN PHILLIP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 100 S KENTUCKY AVE #240	CITY ST ZIP LAKELAND FL	12 NAME	
		13 STREET ADDRESS	
		14 CITY ST ZIP	
TITLE ST	NAME BRAWLEY, DAN PHILLIP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 100 S KENTUCKY AVE #240	CITY ST ZIP LAKELAND FL	22 NAME	
		23 STREET ADDRESS	
		24 CITY ST ZIP	
		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY ST ZIP	
		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY ST ZIP	
		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY ST ZIP	
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, the name of which appears in Block 1, or its registered agent, as indicated in Block 9.

SIGNATURE: *Dan Phillip Brawley* (Handwritten Signature)
 SIGNATURE AND TYPE OR PRINTED NAME OF AGING OFFICER OR DIRECTOR: **Dan Phillip Brawley**
 DATE: **4/27/95** (813) 687-8417