

**CORPORATION
ANNUAL REPORT
1995**

Section 6, Minimum
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 11 PM 1:42

DOCUMENT # H77535 (3)

1. Corporation Name
BRENNAN, HAYSKAR, JEFFERSON, GORMAN, WALKER & SCHWERER, P.A.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**% JOHN T. BRENNAN
519 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

3. Date Incorporated or Qualified **09/24/1985** 3a. Date of Last Report **01/21/1994**
4. FEI Number **59-2579109** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip Country 29 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRENNAN, JOHN T.
519 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950**

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 607.0902 and 607.1506, 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 reconstituting)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BRENNAN, JOHN T.
STREET ADDRESS	519 S. INDIAN RIVER DR.
CITY- ST- ZIP	FORT PIERCE FL
TITLE	TD
NAME	HAYSKAR, STEPHEN G.
STREET ADDRESS	519 S. INDIAN RIVER DR.
CITY- ST- ZIP	FORT PIERCE FL
TITLE	VD
NAME	JEFFERSON, BRADFORD L.
STREET ADDRESS	519 S. INDIAN RIVER DR.
CITY- ST- ZIP	FORT PIERCE FL
TITLE	D
NAME	GORMAN, ROBERT J.
STREET ADDRESS	519 S. INDIAN RIVER DR.
CITY- ST- ZIP	FORT PIERCE FL
TITLE	D
NAME	WALKER, JAMES T.
STREET ADDRESS	519 S. INDIAN RIVER DR.
CITY- ST- ZIP	FORT PIERCE FL
TITLE	SD
NAME	SCHWERER, ROBERT V.
STREET ADDRESS	519 S. INDIAN RIVER DR.
CITY- ST- ZIP	FORT PIERCE FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: *John T Brennan Pres* **John T Brennan President** *April 7, 1995*