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 MAR -3 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H83295 (6)

1. Corporation Name
GONANO & HARRELL, CHARTERED

Principal Place of Business	Mailing Address
1600 S FERDERAL HWY. STE 200 FT. PIERCE FL 34950-5194 US	1600 S FERDERAL HWY. STE 200 FT. PIERCE FL 34950-5194 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/30/1985
3a. Date of Last Report: 03/29/1994

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

4. FEI Number: 59-2597864 ☐ 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

GONANO, DOUGLAS E.
1600 S. FEDERAL HWY.
SUITE 200
FT. PIERCE FL 34950-2178

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 34950-5194

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	DPT	1.1 TITLE	XX Change	☐ Addition
NAME	GONANO, DOUGLAS E.	1.2 NAME		
STREET ADDRESS	1600 S. FED HWY #200	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	Fort Pierce, FL 34950-5194	
TITLE	V	2.1 TITLE	XX Change	☐ Addition
NAME	HARRELL, DANIEL B.	2.2 NAME		
STREET ADDRESS	1600 S. FED. HWY. #200	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Fort Pierce, FL 34950-5194	
TITLE	S	3.1 TITLE	XX Change	☐ Addition
NAME	RUSS, KAREN B.	3.2 NAME		
STREET ADDRESS	1600 S. FED. HWY. #200	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	Fort Pierce, FL 34950-5194	
TITLE	AS	4.1 TITLE	XX Change	☐ Addition
NAME	WINCHESTER, THAMIS C	4.2 NAME		
STREET ADDRESS	1600 S. FED. HWY #200	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	Fort Pierce, FL 34950-5194	
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: [signature] Pres 2-27-95 407-464-1032
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0370573 CP