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
1995 APR 27 PM 12:35
FLORIDA

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DOCUMENT # H88314

1. Corporation Name
HORNE & RICHARDS INVESTIGATIONS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1725 First Ave. N. ST. PETERSBURG, FL 33713	P.O. Box 13607 ST. PETERSBURG, FL 33733

3. Date Incorporated or Qualified: 12/05/85
3a. Date of Last Report: 4/19/94

2. Principal Place of Business
21 1725 First Ave. N.
22 Suite, Apt. #, etc.
23 City & State: St. Petersburg, FL
24 Zip: 33713
25 Country: PINELLAS

2a. Mailing Address
26 P.O. Box 13607
27 Suite, Apt. #, etc.
28 City & State: St. Petersburg, FL
29 Zip: 33733
30 Country: Pinellas

4. FEI Number: 59-2617801 ☐ 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

Craig P. Moore, Esq.
100 - 34 St. N., #305
St. Pete., FL 33713

10. Name and Address of New Registered Agent

81 Name: Kathleen D. Richards
82 Street Address (P.O. Box Number is Not Acceptable): 1725 First Ave. N.
83
84 City: St. Pete., FL **FL** 85 Zip Code: 33713

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: Kathleen D. Richards — Kathleen D Richards — 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director William J. Horne 1725 First Ave. N. St. Pete., FL 33713	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RA/VP/Director Kathleen D. Richards 1725 First Ave. N. St. Pete., FL 33713	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition MB 4-27

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: Kathleen D. Richards — Kathleen D Richards — 4/18/95 (813) 821-8027
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER