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 APR 26 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J00810 (8)

1. Corporation Name
WILES-DAILEY-PRONSKE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~1844 MAIN ST~~ ~~P.O. BOX 3269 (34230-3269)~~ ~~SARASOTA FL 34236~~	1844 MAIN ST P.O. BOX 3269 (34230-3269) SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/24/1986
3a. Date of Last Report: 07/19/1994

2. Principal Place of Business
21: c/o John C. Dent, Jr.
22 Suite, Apt. #, etc.: 330 S. Orange Ave.
23 City & State: Sarasota, FL
24 Zip: 34236 25 Country:

2a. Mailing Address
26: c/o John C. Dent, Jr.
27 Suite, Apt. #, etc.: P.O. Box 3269
28 City & State: Sarasota, FL
29 Zip: 34230-3269 30 Country:

4. FEI Number: 54-1349506 ☐ 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

DENT, JOHN C., JR.
~~1844 MAIN ST~~
~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 330 South Orange Avenue
83
84 City: Sarasota FL 85 Zip Code: 34236

11. Pursuant to the provisions of Section 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, type or print 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	WILES, W.ANTHONY	12 NAME		
STREET ADDRESS	11484 WASHINGTON PLZ,W.	13 STREET ADDRESS		
CITY-ST-ZIP	RESTON VA	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	MENSCH, JOSEPH P	22 NAME		
STREET ADDRESS	11484 WASHINGTON PL., W.	23 STREET ADDRESS		
CITY-ST-ZIP	RESTON VA	24 CITY-ST-ZIP	Delete	
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	RYAN, VERONICA	32 NAME		
STREET ADDRESS	11484 WASHINGTON PLZ,W	33 STREET ADDRESS		
CITY-ST-ZIP	RESTON VA	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Veronica Ryan Veronica Ryan 4-17-95 703 391-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340030 CP