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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:23

DOCUMENT # J02672 (0)

1. Corporation Name
FLORIDA-LAWDOCK, INC.

Principal Place of Business	Mailing Address
% CHARLES W. LITTELL 222 LAKEVIEW AVE. 4TH FL W. PALM BEACH FL 33402-3188 US	% CHARLES W. LITTELL 222 LAKEVIEW AVE. 4TH FL W. PALM BEACH FL 33402-3188 US

DO NOT WRITE IN THIS SPACE.

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)

3. Date Incorporated or Qualified: 03/06/1986
3a. Date of Last Report: 02/21/1994
4. FEI Number: 39-1607418 ☐ 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

LITTELL, CHARLES W.
222 LAKEVIEW AVE.
FOURTH FLOOR
W. PALM BEACH FL 33402-3188

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

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	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	SAMMOND, JOHN S.	1.2 NAME	Sammond, John S.
STREET ADDRESS	515 N FLAGLER DR. 503	1.3 STREET ADDRESS	222 Lakeview Ave., 4th FL
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach FL 33402-3188
TITLE	P	2.1 TITLE	P ☒ Change ☐ Addition
NAME	SAMMOND, JOHN S.	2.2 NAME	Sammond, John S.
STREET ADDRESS	515 N FLAGLER DR. 503	2.3 STREET ADDRESS	222 Lakeview Ave., 4th FL
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach FL 33402-3188
TITLE	VP	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	LITTELL, CHARLES W.	3.2 NAME	Littell, Charles W.
STREET ADDRESS	515 N FLAGLER DR. 503	3.3 STREET ADDRESS	222 Lakeview Ave., 4th FL
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach FL 33402-3188
TITLE	VP	4.1 TITLE	VP ☒ Change ☐ Addition
NAME	MCMACKIN, JOSEPH F., III	4.2 NAME	McMackin, Joseph F., III
STREET ADDRESS	4501 TAMIAMI TRL N #300	4.3 STREET ADDRESS	222 Lakeview Ave., 4th FL
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	West Palm Beach FL 33402-3188
TITLE	S	5.1 TITLE	S ☒ Change ☐ Addition
NAME	MCSWIGAN, JAMES A.	5.2 NAME	McSwigan, James A.
STREET ADDRESS	515 N FLAGLER DR. 503	5.3 STREET ADDRESS	222 Lakeview Ave., 4th FL
CITY-ST-ZIP	W. PALM BEACH FL	5.4 CITY-ST-ZIP	West Palm Beach FL 33402-3188
TITLE	T	6.1 TITLE	T ☒ Change ☐ Addition
NAME	SALVATORI, LEO J.	6.2 NAME	Salvatori, Leo J.
STREET ADDRESS	4501 TAMIAMI TRL N #300	6.3 STREET ADDRESS	222 Lakeview Ave., 4th FL
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	West Palm Beach FL 33402-3188

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: John S. Sammond 3/27/95 407-653-5000
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Telephone Number

CP