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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State
DIVISION OF CORPORATIONS**

95 APR 24 PM 12:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J40435

(6)

1. Corporation Name

HANNAH, MARSEE & VOGHT, P.A.

Principal Place of Business

**% HOWARD R. MARSEE
225 EAST ROBINSON STREET, SUITE 505
ORLANDO FL 32801-4303**

Mailing Address

**% HOWARD R. MARSEE
225 EAST ROBINSON STREET, SUITE 505
ORLANDO FL 32801-4303**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1986

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

4. FBI Number

59-2733237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**MARSEE, HOWARD R.
225 EAST ROBINSON STREET
SUITE 505, LANDMARK CENTER II
ORLANDO FL 32801-4303**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D
NAME HANNAH, ROBERT A.
STREET ADDRESS 225 E. ROBINSON ST., #505
CITY - ST - ZIP ORLANDO FL**

**TITLE DP
NAME MARSEE, HOWARD R.
STREET ADDRESS 225 E. ROBINSON ST., #505
CITY - ST - ZIP ORLANDO FL**

**TITLE D
NAME INGRAM, CHARLES J
STREET ADDRESS 225 E. ROBINSON ST #505
CITY - ST - ZIP ORLANDO FL**

**TITLE D
NAME VOGHT, G.B. MC VAY
STREET ADDRESS 225 E. ROBINSON ST., #505
CITY - ST - ZIP ORLANDO FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE First VP ☐ Change ☒ Addition
1.2 NAME Bell, Michael M.
1.3 STREET ADDRESS 225 E. Robinson Street, #505
1.4 CITY - ST - ZIP Orlando, FL 32801**

**2.1 TITLE Asst. VP ☐ Change ☒ Addition
2.2 NAME Jones, J. Brent
2.3 STREET ADDRESS 225 E. Robinson Street, Suite 505
2.4 CITY - ST - ZIP Orlando, FL 32801**

**3.1 TITLE Asst. VP ☐ Change ☒ Addition
3.2 NAME Coward, Clay H.
3.3 STREET ADDRESS 225 E. Robinson Street, Suite 505
3.4 CITY - ST - ZIP Orlando, FL 32801**

**4.1 TITLE Asst. VP ☐ Change ☒ Addition
4.2 NAME Jewett, Henry W.
4.3 STREET ADDRESS 225 E. Robinson Street, Suite 505
4.4 CITY - ST - ZIP Orlando, FL 32801**

**5.1 TITLE Asst. VP ☐ Change ☒ Addition
5.2 NAME Carden, Kevin J.
5.3 STREET ADDRESS 225 E. Robinson Street, Suite 505
5.4 CITY - ST - ZIP Orlando, FL 32801**

**6.1 TITLE ☐ Change ☐ 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)(4), 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:

HOWARD R. MARSEE, President

4/19/95

Date

(407)

849-1122

Office Phone #