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

DOCUMENT # J51897 (3)

1. Corporation Name
DALE & BALD, P.A.

FILED
95 JAN 25 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
DALE & BALD, P.A. 200 W. FORSYTH ST. STE 1100 JACKSONVILLE FL 32202 US	DALE & BALD, P.A. 200 W. FORSYTH ST. STE 1100 JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified: 01/09/1987
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21	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: 59-2756350 ☐ 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	10. Name and Address of New Registered Agent
DALE, HOWARD L. ~~135 WEST BAY ST., SUITE 200~~ JACKSONVILLE FL 32202-0888	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 200 W. FORSYTH ST, STE 1100 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DALE, HOWARD L.	1.2 NAME		
STREET ADDRESS	1117 PALMER TERRACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP		
TITLE	DST	2.1 TITLE		☐ Change ☐ Addition
NAME	BALD, WILLIAM A.	2.2 NAME		
STREET ADDRESS	1157 JAMAICA ROAD WEST	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP		
TITLE	AS	3.1 TITLE		☐ Change ☐ Addition
NAME	ALTES, MICHAEL A	3.2 NAME		
STREET ADDRESS	4660 LANCELOT LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE		☒ Change ☐ Addition
NAME	CANDETO, MICHAEL A	4.2 NAME	CANDETO, Michael	
STREET ADDRESS	~~2732 ST. LOUIS COURT~~	4.3 STREET ADDRESS	29 Arbor Club Drive #108	
CITY-ST-ZIP	~~PONTE VEDRA BEACH FL 32082~~	4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
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: Howard R. Dale, PRESIDENT — JAN 17, 1995 — 355-1155 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN — Date — Daytime Telephone Number

0018726 CP