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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:53

DOCUMENT # J62581 (0)

1. Corporation Name
RICHARDSON NAGY MARTIN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% SAMUEL S. DUFFEY 1515 RINGLING BLVD., SUITE 800 SARASOTA FL 34236	% SAMUEL S. DUFFEY 1515 RINGLING BLVD., SUITE 800 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1800 Second Street	2a. Mailing Address: 26 1800 Second Street
Suite, Apt #, etc: 22 854	Suite, Apt #, etc: 27 854
City & State: 23 Sarasota, FL	City & State: 28 Sarasota, FL
Zip: 24 34236 Country: 25 U.S.A.	Zip: 29 34236 Country: 30 U.S.A

3. Date Incorporated or Qualified: 03/16/1987
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2794133 ☐ 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
DUFFEY, SAMUEL S. 1515 RINGLING BLVD., SUITE 800 SARASOTA FL 34236	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 1800 Second Street 83 Suite #854 84 City: Sarasota, FL 85 Zip Code: 34236

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, WALTER J.	12 NAME	
STREET ADDRESS	4611 TELLER AVE, STE 100	13 STREET ADDRESS	
CITY, ST, ZIP	NEWPORT CA	14 CITY, ST, ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	MARTIN, RALPH J.	22 NAME	
STREET ADDRESS	4611 TELLER AVE, STE 100	23 STREET ADDRESS	
CITY, ST, ZIP	NEWPORT CA	24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		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: R Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/95 (714) 752-1800
Date / Daytime Phone #

0341304 CP