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 24 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J80661 (8)

1. Corporation Name
ROBERT A. SEXTON, INC.

Principal Place of Business	Mailing Address
P.O. BOX 410087 MELBOURNE FL 32941-0087	P.O. BOX 410087 MELBOURNE FL 32941-0087

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1987
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2635275 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEXTON, PATSY J.
7285 WAELTI DRIVE
SUITE 800
MELBOURNE FL 32940

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	PD	1.1 TITLE	P, VP	☒ Change ☐ Addition
NAME	SEXTON, PATSY	1.2 NAME	Sexton, Robert A.	
STREET ADDRESS	3125 ASPENWALLK AVE	1.3 STREET ADDRESS	3125 Aspinwall Ave.	
CITY-ST-ZIP	ROCKLEGE FL	1.4 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	APD	2.1 TITLE	S	☐ Change ☐ Addition
NAME	SEXTON, ROBERT A.	2.2 NAME	Sexton, James A.	
STREET ADDRESS	3125 ASPENDWALL AVE	2.3 STREET ADDRESS	2043 Nottingham Rd.	
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	Melbourne, FL	
TITLE	S	3.1 TITLE	T, S	☒ Change ☐ Addition
NAME	SEXTON, JAMES A.	3.2 NAME	Sexton, David S.	
STREET ADDRESS	2043 NOTTINGHAM ROAD	3.3 STREET ADDRESS	930 Dayway	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	SEXTON, DAVID S.	4.2 NAME		
STREET ADDRESS	930 DAYWAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP		
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: Robert A. Sexton 4-18-95 (407) 259-3968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607A00 CP