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

DOCUMENT # J82158 (3)

1. Corporate Name

MATHER OF SARASOTA, INC.

Principal Office Address

% E.M. LINDSAY
3931 N WASHINGTON BLVD
SARASOTA FL 34234

Mailing Address

% E.M. LINDSAY
3931 N WASHINGTON BLVD
SARASOTA FL 34234

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified: 07/02/1987

3a. Date of Last Report: 04/13/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #
22

Suite, Apt. #
27

City
23

State
28

Zip
24 25

Zip
29 30

4. FEI Number: 59-2823488
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

9. Is this a Florida Limited Liability Company? Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LINDSAY, E.M.
701 17TH AVE W.
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned hereby submits this statement for the purpose of changing its registered office or registered agent within the State of Florida and further agrees that the registered agent has agreed to act as registered agent and that its business is identical to the registered agent's business as registered agent.

Signature

12. DIRECTORS AND OFFICERS

Title	D
Name	LINDSAY, E.M.
Address	701 17TH AVE W.
City	BRADENTON FL
Title	P
Name	LINDSAY, C. M.
Address	222 SERRINE HALL
City	CLEMSON SC
Title	D
Name	MALONEY, M. T.
Address	222 SERRINE HALL
City	CLEMSON SC

13. ADDITIONAL OFFICERS AND DIRECTORS

Title ☐ Change ☐ Add/Del
Name
Address
City

Title ☐ Change ☐ Add/Del
Name
Address
City

Title ☐ Change ☐ Add/Del
Name
Address
City

Title ☐ Change ☐ Add/Del
Name
Address
City

Title ☐ Change ☐ Add/Del
Name
Address
City

Title ☐ Change ☐ Add/Del
Name
Address
City

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of this corporation or the successor in interest to an entity which was a director or officer of this corporation at the time such business entity became obligated to file reports with the Department of State; and that my name appears above, or on an attached exhibit, as a director or officer.

SIGNATURE: Elizabeth M Lindsay 3/8/95 813-355-2792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELIZABETH M. LINDSAY

0340684 CP