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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 9:09

DOCUMENT # J82742 (4)

1. Corporation Name
KELLEY, ALDRICH & WARREN, P.A.

Principal Place of Business	Mailing Address
801 SPENCER DRIVE WEST PALM BEACH FL 33409	801 SPENCER DRIVE WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1987
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business	2a. Mailing Address
21 222 Lakeview Avenue	26 222 Lakeview Avenue
Suite, Apt. #, etc. 22 Suite 360	Suite, Apt. #, etc. 27 Suite 360
City & State 23 West Palm Beach FL	City & State 28 West Palm Beach FL
Zip / Country 24 33401 / 25	Zip / Country 29 33401 / 30

4. FEI Number: 59-2820935 ☐ 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
KELLEY, GLENN D. 801 SPENCER DRIVE WEST PALM BEACH FL 33409	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable): 222 Lakeview Avenue, Suite 360 83 84 City: West Palm Beach FL 85 Zip Code: 33401

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] Glenn D. Kelley, President DATE: 1-27-95
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	P	1.1 TITLE	XX Change ☐ Addition
NAME	KELLEY, GLENN D.	1.2 NAME	
STREET ADDRESS	801 SPENCER DR	1.3 STREET ADDRESS	222 Lakeview Avenue, Suite 360
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	XX Change ☐ Addition
NAME	ALDRICH, PETER J.	2.2 NAME	
STREET ADDRESS	801 SPENCER DR	2.3 STREET ADDRESS	222 Lakeview Avenue, Suite 360
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	XX Change ☐ Addition
NAME	WARREN, RICHARD B.	3.2 NAME	
STREET ADDRESS	801 SPENCER DR	3.3 STREET ADDRESS	222 Lakeview Avenue, Suite 360
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	XX Change ☐ Addition XX Deletion
NAME	WARREN, RICHARD B.	4.2 NAME	
STREET ADDRESS	801 SPENCER DR.	4.3 STREET ADDRESS	DELETE ENTRY
CITY-ST-ZIP	WEST PALM BEACH 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: [signature] Glenn D. Kelley 1-27-95 407-655-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248587 CP