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 MAY -1 AM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K14349** **(0)**

1. Corporation Name
CHAUTAUQUA LAW, INC.

Principal Place of Business	Mailing Address
13 CIRCLE DRIVE DEFUNIAK SPRINGS FL 32433	13 CIRCLE DRIVE DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1250 Circle Drive	26 1250 Circle Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DeFuniak Springs, Fl.	28 City & State: DeFuniak Springs, Fl
24 Zip: 32433 25 Country: USA	29 Zip: 324333 30 Country: USA

4. FEI Number: 59-2877067 ☐ 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
RAMEY, E. ALLAN 13 CIRCLE DR DEFUNIAK SPRINGS FL 32433	81 Name: Ramey, E. Allan 82 Street Address (P.O. Box Number is Not Acceptable): 1250 Circle Drive 83 84 City: DeFuniak Springs FL 85 Zip Code: 32433

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: E. Allan Ramey — E. Allan Ramey — 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	1.1 TITLE	DST	☐ Change ☐ Addition
NAME	RAMEY, E. ALLAN	1.2 NAME	Ramey, E. Allan	
STREET ADDRESS	RT 6 BOX 45	1.3 STREET ADDRESS	79 Heidkberg Lane	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	DeFuniak Springs, Fla. 32433	
TITLE	DP	2.1 TITLE	DP	☐ Change ☐ Addition
NAME	RAMEY, DIANNE R.	2.2 NAME	Ramey, Dianne R.	
STREET ADDRESS	RT 6 BOX 45	2.3 STREET ADDRESS	79 Heidelberg Lane	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	2.4 CITY-ST-ZIP	DeFuniak Spings, Fla. 32433	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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: E. Allan Ramey — E. Allan Ramey — 4/26/95 — (904) 892-2108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/1997 FP