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 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K38973** **(9)**

1. Corporation Name
KENNETH R. WALL, P.A.

Principal Place of Business	Mailing Address
1680 HWY A1A **P.O. BOX 372408** **SATELLITE BEACH FL 32937**	**1680 HWY A1A** **P.O. BOX 372408** **SATELLITE BEACH FL 32937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/14/1988	**07/29/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number **59-2915130** ☐ 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. Does corporation owe any back taxes under s. 213.758, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALL, KENNETH R. **1680 HWY A1A** **SATELLITE BEACH FL 32937**	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 Section 607.1005 and 607.1506 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 607.325, Florida Statutes.

SIGNATURE: (Typed or printed name of person signing) (Title) (Date)

12. OFFICER AND/OR DIRECTOR	13. ADDITION, CHANGE TO OFFICER AND DIRECTOR IN '95
1. TITLE **PST** NAME **WALL, KENNETH R.** STREET ADDRESS **1680 HWY A1A** CITY-ST-ZIP **SATELLITTE BEACH FL**	1. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP	2. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP	3. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP	4. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP	5. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP	6. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 above, if changed, or on an attachment with an address.

SIGNATURE: Kenneth R Wall Kenneth R Wall **4/26/95** **407-777-6552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000370 CP