FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 02, 1996 08:00 AM
Secretary of State

DOCUMENT # K52805 (4)

1. Corporation Name

~~WILSON, JOHNSON & JAFFER, P.A.~~
WILSON JOHNSON JAFFER & KUNICK, P.A.

Principal Place of Business
C/O CLYDE H. WILSON, JR.
27 SOUTH ORANGE AVENUE
SARASOTA FL 34236

Mailing Address
C/O CLYDE H. WILSON, JR.
27 SOUTH ORANGE AVENUE
SARASOTA FL 34236

3. Date Incorporated or Qualified: 12/21/1988
3a. Date of Last Report: 03/21/1995

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: 65-0089742 — 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
WILSON, CLYDE H., JR.
27 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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 — Signature, typed or printed name, of registered agent and title if applicable — (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, CLYDE H., JR.		1.2 NAME		
STREET ADDRESS	27 S ORANGE AVE		1.3 STREET ADDRESS	300001805973	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	-05/03/96--01012--006	
TITLE	VD	☐ DELETE	2.1 TITLE	***200.00	☐ Change ☐ Addition
NAME	JOHNSON, ROBERT M.		2.2 NAME		
STREET ADDRESS	2250 ORIOLE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	JAFFER, JOHN S.		3.2 NAME		
STREET ADDRESS	4027 BENT TREE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOYETTE, DAVID L		4.2 NAME		
STREET ADDRESS	2346 WOOD ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34237		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME			5.2 NAME	KUNICK, JAMES M.	
STREET ADDRESS			5.3 STREET ADDRESS	3451 Sea View St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 in an attachment with an address.

SIGNATURE: CLYDE H. WILSON, JR. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-24-96 — Daytime Phone #: 941/955-5800