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 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K59179** **(7)**

1. Corporation Name

KOHL, BOBKO, MCKEY, MCMANUS, HIGGINS, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
50 KINDRED STREET 107 STUART FL 34994 US	50 KINDRED STREET, 107 STUART FL 34994 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1989
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business	2081 EAST OCEAN BLVD.
22 Suite, Apt. #, etc.	2-A
23 City & State	STUART, FL
24 Zip / 25 Country	34996 / USA
26 2a. Mailing Address	2081 EAST OCEAN BLVD.
27 Suite, Apt. #, etc.	2-A
28 City & State	STUART, FL
29 Zip / 30 Country	34996 / USA

4. FEI Number: 65-0093472 ☐ 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

BOBKO, NOEL A
2081 EAST OCEAN BLVD.
SUITE 400
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SUITE 2-A
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	KOHL, N. DEAN, JR.	12 NAME		
STREET ADDRESS	50 KINDRED STREET, #107	13 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP		
TITLE	DSTP	21 TITLE		☐ Change ☐ Addition
NAME	BOBKO, NOEL A.	22 NAME		
STREET ADDRESS	2081 EAST OCEAN BLVD.	23 STREET ADDRESS	2081 EAST OCEAN BLVD. SUITE 2-A	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	STUART, FL 34996	
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	MCKEY, JOHN D., JR.	32 NAME		
STREET ADDRESS	2081 EAST OCEAN BLVD.	33 STREET ADDRESS	2081 EAST OCEAN BLVD. SUITE 2-A	
CITY-ST-ZIP	STURAT FL	34 CITY-ST-ZIP	STUART, FL 34996	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 added on an attachment with an address.

SIGNATURE: _____ JOHN D. McKEY, JR. 4-26-95 (407) 286-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0980991 CP