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 MAR 14 AM 8:13

DOCUMENT # K65845 (5)

1. Corporation Name
TOMPKINS AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% MICHAEL K. MCFADDEN 200 CLEARWATER-LARGO RD LARGO FL 34640	% MICHAEL K. MCFADDEN 200 CLEARWATER-LARGO RD LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1989
3a. Date of Last Report: 02/21/1994

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: 59-2931716 ☐ 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

MCFADDEN, MICHAEL K.
200 CLEARWATER-LARGO RD
LARGO FL

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 reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TOMPKINS, SALLY
STREET ADDRESS	6542 - 59TH LANE, N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	D
NAME	TOMPKINS, W. BART
STREET ADDRESS	6542 - 59TH LANE, N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	ST
NAME	REICHENBACH, JENICE
STREET ADDRESS	6542 - 59TH LANE, N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Pres.	☒ Change ☐ Addition
12 NAME	Tompkins, Sally	
13 STREET ADDRESS	41 N. Archwood Drive	
14 CITY-ST-ZIP	Inverness, FL 34450	
21 TITLE	D	☒ Change ☐ Addition
22 NAME	Tompkins, W. Bart	
23 STREET ADDRESS	41 N. Archwood Drive	
24 CITY-ST-ZIP	Inverness, FL 34450	
31 TITLE	VP	☒ Change ☐ Addition
32 NAME	Reichenbach, Jenice	
33 STREET ADDRESS	41 N. Archwood Drive	
34 CITY-ST-ZIP	Inverness, FL 34450	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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 on an attachment with an address.

SIGNATURE: Jenice A Reichenbach VP JENICE A. REICHENBACH 2/21/95 904-344-3[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #