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 APR 27 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K73473 (6)

1. Corporation Name
MONES & FERNANDEZ, INC.

Principal Place of Business	Mailing Address
1821-A EAST SAHLMAN DRIVE PO BOX 75961 TAMPA FL 33605	1821-A EAST SAHLMAN DRIVE PO BOX 75961 TAMPA FL 33605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/17/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 18815 Tracer Dr.
22 Suite, Apt. #, etc.: —
23 City & State: Lutz, FL.
24 Zip: 33549
25 Country: USA

2a. Mailing Address
26: 18815 Tracer Dr.
27 Suite, Apt. #, etc.: —
28 City & State: Lutz, FL.
29 Zip: 33549
30 Country: USA

4. FEI Number: 59-2939837 ☐ 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

LOPEZ JR AL R
4600 W CYPRESS ST
STE 500
TAMPA FL 33607

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☑ Change ☐ Addition
NAME	MONES JOYCE F	1.2 NAME	MONES, JOYCE F.	
STREET ADDRESS	C/O 1821-A E SAHLMAN DR	1.3 STREET ADDRESS	c/o 18815 Tracer Dr.	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Lutz, FL. 33549	
TITLE	V	2.1 TITLE	V	☑ Change ☐ Addition
NAME	MONES MICHAEL	2.2 NAME	MONES MICHAEL	
STREET ADDRESS	C/O 1821-A E SAHLMAN DR	2.3 STREET ADDRESS	c/o 18815 Tracer Dr.	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Lutz, FL. 33549	
TITLE	ST	3.1 TITLE	S/T	☑ Change ☐ Addition
NAME	MONES JOYCE F	3.2 NAME	MONES, JOYCE F.	
STREET ADDRESS	C/O 1821-A E SAHLMAN DR	3.3 STREET ADDRESS	c/o 18815 Tracer Dr.	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	LUTZ, FL. 33549	
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: Joyce Mones Joyce F. Mones 4-19-95 (813)949-4833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444178 FP