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 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K96413 (5)

1. Corporation Name
P.M. LENHARDT & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1465 SOUTH FORT HARRISON AVENUE SUITE 201 CLEARWATER FL 34616	1465 SOUTH FORT HARRISON AVENUE SUITE 201 CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/19/1989
3a. Date of Last Report: 07/19/1994

2. Principal Place of Business	2a. Mailing Address
21 1472 Jordan Hills Court	26 1472 Jordan Hills Court
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 Clearwater, Florida	28 Clearwater, Florida
24 Zip 34616 25 County Pinellas	29 Zip 34616 30 County Pinellas

4. FEI Number: 59-2980820 ☐ 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

BRUNSON, JOHN MORGAN
1465 S. FORT HARRISON AVENUE
SUITE 201
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: Brunson, John Morgan
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1474 Jordan Hills Court
84 City: Clearwater, 85 FL Zip Code 34616

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: John Morgan Brunson 4/27/95
Signature, typed or printed name of registered agent and date of signature. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1 1 TITLE	PTD	☒ Change ☐ Addition
NAME	LENHARDT, PETER M.	1 2 NAME	LENHARDT, PETER M	
STREET ADDRESS	1465 S. FT. HARRISON AVE	1 3 STREET ADDRESS	1472 Jordan Hills Court	
CITY ST ZIP	CLEARWATER FL	1 4 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE	VSD	2 1 TITLE	VSD	☒ Change ☐ Addition
NAME	LENHARDT, HELEN K.	2 2 NAME	LENHARDT, HELEN K	
STREET ADDRESS	1465 S. FT. HARRISON AVE	2 3 STREET ADDRESS	1472 Jordan Hills Court	
CITY ST ZIP	CLEARWATER FL	2 4 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY ST ZIP		3 4 CITY-ST-ZIP		
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: Peter M Lenhardt Peter M. Lenhardt 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0355576 CP