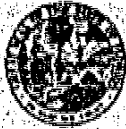


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 1:28**

**DOCUMENT # L06643 (5)**

1. Corporation Name  
**PLANT CITY LEGAL CENTER OF MICHAEL R. DEMINICO,  
P.A.**

Principal Place of Business <b>304 WEST REYNOLDS STREET PLANT CITY FL 33566</b>	Mailing Address <b>304 WEST REYNOLDS STREET PLANT CITY FL 33566</b>
--	--

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/02/1989</b>	3a. Date of Last Report <b>01/25/1994</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc.	2a. Mailing Address 26. Suite, Apt. #, etc.
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22. City & State	27. City & State
------------------	------------------

23. Zip	25. Country	29. Zip	30. Country
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4. FEI Number <b>59-2956375</b>	Applied For <input type="checkbox"/> Not Applicable
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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

**DEMINICO, MICHAEL R.  
304 W. REYNOLDS STREET  
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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	<b>P</b>
NAME	<b>DEMINICO, MICHAEL R.</b>
STREET ADDRESS	<b>304 W. REYNOLDS STREET</b>
CITY - ST - ZIP	<b>PLANT CITY FL</b>
TITLE	<b>S</b>
NAME	<b>MCDONOUGH, CYNTHIA</b>
STREET ADDRESS	<b>304 W REYNOLDS ST</b>
CITY - ST - ZIP	<b>PLANT CITY FL</b>
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Secretary</b>
2.3 STREET ADDRESS	<b>Hancock, Darlene</b>
2.4 CITY - ST - ZIP	<b>304 W Reynolds St Plant City, FL 33566</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/9/95**

(Type in Form #)