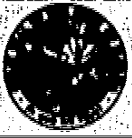


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

6-4165 me
AND
FILED

95 APR 24 AM 10:1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morthern Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

DOCUMENT # L06675	(7)
1. Corporation Name DEEB & BRAINARD, P.A.	

Principal Place of Business 5000 CENTRAL AVENUE SUITE 202 ST. PETERSBURG FL 33710 US	Mailing Address 5000 CENTRAL AVENUE SUITE 202 ST. PETERSBURG FL 33710 US
--	--

2. Date Incorporated or Qualified 08/04/1989	3a. Date of Last Report 08/20/1994
4. FEI Number 50-2905065	5. 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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent D & B CORPORATE SERVICES INC. 5000 CENTRAL AVENUE SUITE 202 ST. PETERSBURG FL 33710	
---	--

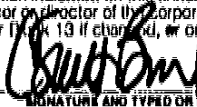
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	NAME BRAINARD, C. SCOTT	1.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 5000 CENTRAL AVENUE, SUITE 202		1.2 NAME	
CITY - ST - ZIP ST. PETERSBURG FL		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE PSTD	NAME DEEB, BRIAN P.	2.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 5000 CENTRAL AVENUE, SUITE 202		2.2 NAME	
CITY - ST - ZIP ST. PETERSBURG FL		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
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)(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 resolver 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:  **C. SCOTT BRAINARD, VP** 4/5/95 (813) 884-5999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Day/Month/Year)