FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

4-24-95 mc

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # L06675 (7)

1. Corporation Name
DEEB & BRAINARD, P.A.

Principal Place of Business
5099 CENTRAL AVENUE
SUITE 202
ST. PETERSBURG FL 33710
US

Mailing Address
5099 CENTRAL AVENUE
SUITE 202
ST. PETERSBURG FL 33710
US

FILED
95 APR 24 AM 10:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/04/1989
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2985685 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

D & B CORPORATE SERVICES INC.
5099 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 607.1508, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	BRAINARD, C. SCOTT	1.2 NAME	
STREET ADDRESS	5099 CENTRAL AVENUE, SUITE 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	PSTD	2.1 TITLE	☐ Change ☐ Addition
NAME	DEEB, BRIAN P.	2.2 NAME	
STREET ADDRESS	5099 CENTRAL AVENUE, SUITE 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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)(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: C. Scott Brainard C. SCOTT BRAINARD, VP 4/5/95 (813) 384-5989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000100 CP