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 MAR 23 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L16332 (3)

1. Corporation Name
RIGGS, STOREY, FULMER & INGRAM, P.A.

Principal Place of Business	Mailing Address
348 SW MIRACLE STRIP PKWY. STE. 34 FT. WALTON BCH. FL 32548 US	348 SW MIRACLE STROP PKWY. STE. 34 FT. WALTON BCH. FL 32548 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/13/1989
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2962592 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLEET, BART ESQUIRE
1201 NORTH EGLIN PARKWAY
SHALIMAR FL 32579

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RIGGS, STEVE	1.2 NAME	
STREET ADDRESS	348 SW MIRACLE STRIP PKWY., #34	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	STOREY, PAUL	2.2 NAME	
STREET ADDRESS	348 SW MIRACLE STRIP PKWY., #34	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, TIM	3.2 NAME	
STREET ADDRESS	1077 HWY 98 E	3.3. STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, LILLIAN G	4.2 NAME	
STREET ADDRESS	1348 CARMICHAEL WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	HERNDON, TIMOTHY D	5.2 NAME	
STREET ADDRESS	4502 HWY. 20 E., STE. A	5.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	INGRAM, PHYLLIS S	6.2 NAME	
STREET ADDRESS	1348 CARMICHAEL WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	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 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: Paul Storey 1/28/95 (904) 244-8395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul W. Storey

0388648 CP