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 APR 10 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L19836** **(0)**

1. Corporation Name
CAMPBELL, GRIFFIN, ROGERS, STUART, MILLIKIN, & ENGLAND, P.A.

Principal Place of Business	Mailing Address
581 S DUNCAN AVE CLEARWATER FL 34616	581 S DUNCAN AVE CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1989
3a. Date of Last Report: 05/01/1994

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:

4. FEI Number: 59-2967668 ☐ 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

ROGERS, ROBERT R.
581 S DUNCAN AVE
CLEARWATER FL 34616

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	D	1.1 TITLE	Delete	☐ Change ☐ Addition
NAME	CAMPBELL, J. FRED, JR.	1.2 NAME		
STREET ADDRESS	530 PONCE DE LEON BLVD	1.3 STREET ADDRESS	DECEASED 2-2-95	
CITY-ST-ZIP	BELLEAIR FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, RAYMOND E.	2.2 NAME		
STREET ADDRESS	415 ORANGEVIEW AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWARER FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, ROBERT R.	3.2 NAME		
STREET ADDRESS	2219 HARN BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	STUART, RODERICK B.	4.2 NAME		
STREET ADDRESS	1539 RIDGEWOOD STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLIKIN, JEAN E	5.2 NAME		
STREET ADDRESS	13150 87TH PLACE NORTH	5.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change XX Addition
NAME		6.2 NAME	VIRGINIA G. ENGLAND	
STREET ADDRESS		6.3 STREET ADDRESS	12300 6TH STREET E.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	

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: Raymond E. Griffin 4/2/95 813-446-1706
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
RAYMOND E. GRIFFIN

0966100 CP