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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # L22034 (7)

1. Corporation Name
FOWLER, BARICE & FEENEY, P.A.

Principal Place of Business: **% JAMES A. FOWLER, ESQ. 28 W. CENTRAL BLVD. ORLANDO FL 32801**

Mailing Address: **% JAMES A. FOWLER, ESQ. 28 W. CENTRAL BLVD. ORLANDO FL 32801**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **10/10/1989**

3a. Date of Last Report: **02/22/1994**

4. FEI Number: **59-2971414** 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

**FOWLER, JAMES A.
28 W. CENTRAL BLVD.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: *James A. Fowler* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

PT
TITLE: **FOWLER, JAMES A.**
NAME: **FOWLER, JAMES A.**
STREET ADDRESS: **28 W. CENTRAL BLVD.**
CITY, ST, ZIP: **ORLANDO FL**

V
TITLE: **BARICE, CAROLE JOY**
NAME: **BARICE, CAROLE JOY**
STREET ADDRESS: **28 W. CENTRAL BLVD.**
CITY, ST, ZIP: **ORLANDO FL**

S
TITLE: **FEENEY, THOMAS C., III**
NAME: **FEENEY, THOMAS C., III**
STREET ADDRESS: **% 28 W. CENTRAL BLVD.**
CITY, ST, ZIP: **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY, ST, ZIP

2 1 TITLE Change Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY, ST, ZIP

3 1 TITLE Change Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY, ST, ZIP

4 1 TITLE Change Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY, ST, ZIP

5 1 TITLE Change Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY, ST, ZIP

6 1 TITLE Change Addition

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY, ST, ZIP

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-05/18/95 --01005 --017
******675.00 ****225.00**

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 its receiver or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in block 12 or 13, if changed, or on an attachment with an address.

SIGNATURE: *James A. Fowler* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____