**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:17

DOCUMENT # L30905 (8)

1. Corporation Name
PATRICIA SHETLEY & ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2216 PINE PARK TRAIL<br>STE. 2727<br>ORLANDO FL 32817<br>US | 2216 PINE PARK TRAIL<br>STE. 2727<br>ORLANDO FL 32817<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1989
3a. Date of Last Report: 04/26/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 10240 NE 12TH ST | 26 10240 NE 12TH ST |
| Suite, Apt. #, etc.<br>22 D102 | Suite, Apt. #, etc.<br>27 D102 |
| City & State<br>23 BELLEVUE WA | City & State<br>28 BELLEVUE WA |
| Zip 24 98004 Country 25 USA | Zip 29 98004 Country 30 USA |

4. FEI Number: 65-0157078 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SHETLEY, PATRICIA<br>915 MIDDLE RIVER DR., #214<br>FT. LAUDERDALE FL 33304 | 81 Name GEORGE L. MOXON<br>82 Street Address (P.O. Box Number is Not Acceptable) 735 NORTHEAST 3RD AVENUE<br>83<br>84 City FORT LAUDERDALE FL 85 Zip Code 33304 |

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: George L Moxon 6/26/95
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 | P | 11 TITLE | ☑ Change ☐ Addition |
| NAME | SHETLEY, PATRICIA | 12 NAME | |
| STREET ADDRESS | 2216 PINE PARK TRAIL, STE 2727 | 13 STREET ADDRESS | 10240 NE 12TH STREET, BLDG D102 |
| CITY-ST-ZIP | ORLANDO FL | 14 CITY-ST-ZIP | BELLEVUE, WA 98004 |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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:** Patricia Shetley 6.9.95 206-688-8356
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0000471 CP