SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L45338** **(5)**

1. Corporation Name
LARBREN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% LARRY C. HINSON P O BOX 1519 PALATKA FL 32178-8519	% LARRY C. HINSON P O BOX 1519 PALATKA FL 32178-8519

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1990	3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-2987760	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HINSON, LARRY C.
STAR RT 1 BOX 201 AA
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent

81 Name: Brenda J. Hinson
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: Brenda J. Hinson — Brenda J. Hinson — Aug 1, 1995
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	SD	11 TITLE	☒ Change ☐ Addition	Resigned
NAME	HINSON, LARRY C.	12 NAME		
STREET ADDRESS	STAR RT 1 BOX 201 AA	13 STREET ADDRESS		
CITY-ST-ZIP	CRESCENT FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	☒ Change ☐ Addition	PTSD
NAME	HINSON, BRENDA J.	22 NAME		HINSON, BRENDA J.
STREET ADDRESS	STAR RT 1 BOX 201 AA	23 STREET ADDRESS		Star Rt. 1, Box 210AA
CITY-ST-ZIP	CRESCENT FL	24 CITY-ST-ZIP		Crescent City, FL
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		

CR2E034 (3/95)

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: Brenda J. Hinson — Brenda J. Hinson, Pres. — 8/1/95 — (904)467-9043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120040 FP