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 MAY -1 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L46232** **(9)**

1. Entity Name

ANDREW J. FAWBUSH, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O LEBOEUF, LAMB, GREEN & MACRAE 50 N LAURA ST. SUITE 2800 JACKSONVILLE FL 32202 US	C/O LEBOEUF, LAMB, GREENE & MACRAE 50 N LAURA ST. SUITE 2800 JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified: **01/25/1990**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2988850** ☐ 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 intangibles tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FAWBUSH, ANDREW J.
50 N LAURA STREET
SUITE 2800
JACKSONVILLE FL 32202

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 Section 607.1905 and 607.1908, 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. Each 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	DP	☐ Change ☐ Addition
NAME	FAWBUSH, ANDREW J.	
STREET ADDRESS	50 N LAURA ST, S-2800	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ Change ☐ Addition
NAME	FAWBUSH, ANDREW J.	
STREET ADDRESS	50 N LAURA ST, S-2800	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I declare, I certify that the information supplied with this report is accurately transcribed 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 1 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Andrew J. Fawbush, President — 4/25/95 — 904-354-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

ANDREW J. FAWBUSH, PRESIDENT

0019775 CP