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 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L56106** **(2)**

1. Corporation Name
ALLEN C. EWING FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
1030 N ORANGE AVE. STE 300 ORLANDO FL 32801	1030 N ORANGE AVE. STE 300 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/09/1990**
3a. Date of Last Report: **04/26/1994**

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

4. FEI Number: **59-2993176** ☐ 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

HARRIS, CHARLES E
1030 N ORANGE AVE
SUITE 300
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 **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	CD	1.1 TITLE	VCD	☒ Change ☐ Addition
NAME	BISHOP, BENJAMIN C. JR.	1.2 NAME		
STREET ADDRESS	135 W BAY ST STE 514	1.3 STREET ADDRESS	50 North Laura Street, Suite 3625	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VCD	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ALEN R.	2.2 NAME		
STREET ADDRESS	100 N. TAMPA ST., #2100	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP		
TITLE	VTAS	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, JANICE B.	3.2 NAME		
STREET ADDRESS	100 N. TAMPA ST., SUITE 2100	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	CD	☒ Change ☐ Addition
NAME	HARRIS, CHARLES E.	4.2 NAME		
STREET ADDRESS	1030 N ORANGE AVE STE 300	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	S	5.1 TITLE		☒ Change ☐ Addition
NAME	HEDGECOCK, SUZANNE D.	5.2 NAME		
STREET ADDRESS	1030 N ORANGE AVE STE 300	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	AS	6.1 TITLE		☒ Change ☐ Addition
NAME	ANDERSON, SHARRON	6.2 NAME		
STREET ADDRESS	135 W BAY ST STE 514	6.3 STREET ADDRESS	50 North Laura Street, Suite 3625	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, FL 32202	

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 changed, or on an attachment with an address.

SIGNATURE: _____ 3-13-95 407-423-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES E HARRIS

000L0000 CP

L56100

ALLEN C. EWING FINANCIAL SERVICES, INC.

Attachment
to
1995 Corporation Annual Report

12. OFFICERS AND DIRECTORS		
7.1	TITLE	PD
7.2	NAME	Roy J. McCraw, Jr.
7.3	STREET ADDRESS	100 N. Tampa Street, Suite 2100
7.4	CITY-ST-ZIP	Tampa, FL 33602
8.1	TITLE	EVPD
8.2	NAME	Jeffrey A. D'Adamo
8.3	STREET ADDRESS	100 N. Tampa Street, Suite 2100
8.4	CITY-ST-ZIP	Tampa, FL 33602
9.1	TITLE	D
9.2	NAME	Arnold A. Heggestad
9.3	STREET ADDRESS	1030 N. Orange Avenue, Suite 300
9.4	CITY-ST-ZIP	Orlando, FL 32801
10.1	TITLE	D
10.2	NAME	Hjalma E. Johnson
10.3	STREET ADDRESS	1030 N. Orange Avenue, Suite 300
10.4	CITY-ST-ZIP	Orlando, FL 32801
11.1	TITLE	V
11.2	NAME	Richard B. Fitzpatrick
11.3	STREET ADDRESS	50 N. Laura Street, Suite 3625
11.4	CITY-ST-ZIP	Jacksonville, FL 32202
12.1	TITLE	V
12.2	NAME	Barry E. Thors
12.3	STREET ADDRESS	50 North Laura Street, Suite 3625
12.4	CITY-ST-ZIP	Jacksonville, FL 32202
13.1	TITLE	V
13.2	NAME	Donald L. Erwin
13.3	STREET ADDRESS	100 N. Tampa Street, Suite 2100
13.4	CITY-ST-ZIP	Tampa, FL 33602