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
1995 JUL 26 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **L65856** **(1)**

1. Corporation Name

MCPHERSON, COFFEY, KALISHMAN & TILLMAN, P.A.

Principal Place of Business	Mailing Address
105 S.E. 1ST AVE STE. 1 GAINESVILLE FL 32601 US	105 S.E. 1ST AVE STE. 1 GAINESVILLE FL 32601 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/13/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 9120 SW 46 BLVD
22: Suite, Apt. #, etc.
23: City & State: GAINESVILLE FL
24: Zip: 32608
25: Country: ALACHUA

2a. Mailing Address
26: 9120 SW46 BLVD
27: Suite, Apt. #, etc.
28: City & State: GAINESVILLE FL
29: Zip: 32608
30: Country: ALACHUA

4. FEI Number: 59-3006455 ☐ 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

MCPHERSON, JOHN K
105 SE 1ST AVENUE, SUITE 1
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name: C. DAVID COFFEY
82 Street Address (P.O. Box Number is Not Acceptable): 9120 SW 46TH BLVD
83:
84 City: GAINESVILLE **FL** 85 Zip Code: 32608

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: C. David Coffey C. DAVID COFFEY, REGISTERED AGENT 7/21/95
(Signature, typed or printed name of individual, and capacity, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS		
TITLE	STD	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	MCPHERSON, JOHN K.	1.2 NAME	C. DAVID COFFEY	
STREET ADDRESS	525 N.E. 4TH STREET	1.3 STREET ADDRESS	1522 NW 52nd TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PD	2.1 TITLE	SECRETARY/TREASURER	☑ Change ☐ Addition
NAME	COFFEY, C. DAVID	2.2 NAME	STEVEN J. KALISHMAN	
STREET ADDRESS	1522 NW 52ND TERRACE	2.3 STREET ADDRESS	105 SE 1ST AVE, SUITE 1	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: C. David Coffey C. DAVID COFFEY 7/21/95 904-376-8600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006824 CP