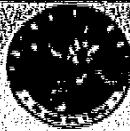


**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:09

DOCUMENT # L84338 (7)

1. Corporation Name

LINDQUIST AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

C/O ROBERT J. LINDQUIST, JR.
304 N MONROE
TALLAHASSEE FL 32301-4622

C/O ROBERT J. LINDQUIST, JR.
304 N MONROE
TALLAHASSEE FL 32301-4622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1990

3a. Date of Last Report

04/28/1994

4. FEI Number

59-3014675

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

2. Principal Place of Business

21 225 So. Gadsden

2a. Mailing Address

26 225 So. Gadsden

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tallahassee, FL

City & State

27 Tallahassee, FL

Zip

24 32301

Country

25 U.S.A.

Zip

29 32301

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LINDQUIST, ROBERT J., JR.
-304 N MONROE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (B.O. Box Number is Not Acceptable)

225 So. Gadsden

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 607.01(2), Florida Statutes.

SIGNATURE

[Signature]

DATE

3/18/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LINDQUIST, ROBERT J., JR
STREET ADDRESS	304 N MONROE
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	ST
NAME	LINDQUIST, ROBERT J., JR
STREET ADDRESS	304 N MONROE
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	225 So. Gadsden
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	225 So. Gadsden
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 Sections 119.07(3)(k), Florida Statutes. I further certify that the information included 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 recipient or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report. I am an individual with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/95
DATE