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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L91398 (2)

1. Corporation Name

PARDUE, HEID, CHURCH, SMITH & WALLER OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
1403 W COLONIAL DR. ORLANDO FL 32804 US	1403 W COLONIAL DR ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1990
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 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3025335 ☐ 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

PARDUE JR, WILLIAM P.
1403 W COLONIAL DR
ORLANDO FL 32804

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 — Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP SMITH, ROBERT E 338 S WASHINGTON AVE TITUSVILLE FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☑ Change ☐ Addition Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SMITH, WILLIAM C 1403 W COLONIAL DR ORLANDO FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☑ Change ☐ Addition Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP MOREYRA, ROBERT 1403 W COLONIAL DR ORLANDO FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DST SHEETS, RANDY G 338 S WASHINGTON AVE TITUSVILLE FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☑ Change ☐ Addition Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DST CHURCH, LARRY A 1403 W COLONIAL DR ORLANDO FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PARDUE JR., WILLIAM P 1403 W. COLONIAL DIRVE ORLANDO FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition (1)

14. I (or I) 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 above, or on an attachment with an address.

SIGNATURE: _____ 5/2/95 407-841-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert Moreyra

005801B CP