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 MAR 23 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99180 (6)

1. Corporation Name

R. D. MORTENSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
118 E 4 STR PANAMA CITY FL 32401 US	PO BOX 497 PANAMA CITY FL 32402-0497 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/07/1990
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business
21 829 APACHE DRIVE
22 Suite, Apt. #, etc.
23 City & State: COLUMBIA SC
24 Zip: 29203
25 Country: RICHLAND

2a. Mailing Address
26 829 APACHE DRIVE
27 Suite, Apt. #, etc.
28 City & State: COLUMBIA SC
29 Zip: 29203
30 Country: RICHLAND

4. FEI Number: 59-3030376 ☐ 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

MORTENSON, RODNEY D.
715 MISSISSIPPI AVE
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name: POPE, ALLEN
82 Street Address (P.O. Box Number is Not Acceptable): 1500 W 11th STREET
83
84 City: PANAMA CITY FL 85 Zip Code: 32401

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: ALLEN POPE — 3/21/95
Signature, typed or printed name of registered agent and title if applicable (DATE) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MORTENSON, R., D.	1.2 NAME	MORTENSON, R. D.	
STREET ADDRESS	715 MISSISSIPPI AVE	1.3 STREET ADDRESS	829 APACHE DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL	1.4 CITY-ST-ZIP	COLUMBIA SC 29203	
TITLE	ST	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	MORTENSON, NANCY A.	2.2 NAME	MORTENSON, NANCY A.	
STREET ADDRESS	715 MISSISSIPPI AVE	2.3 STREET ADDRESS	829 APACHE DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	COLUMBIA SC 29203	
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		

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: Nancy A. Mortenson NANCY A. MORTENSON (Secretary-Treasurer) March 6, 1995 (803) 691-1639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410279 FP