FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # M69953 (1)

1. Corporation Name

MCFARLAIN, WILEY, CASSEDY & JONES, P.A.

Principal Place of Business	Mailing Address
215 SOUTH MONROE STREET. SUITE 600 P.O. BOX 2174 TALLAHASSEE FL 32316-9174	215 SOUTH MONROE STREET. SUITE 600 P.O. BOX 2174 TALLAHASSEE FL 32316-9174

3. Date Incorporated or Qualified: **02/29/1988**
3a. Date of Last Report: **02/01/1995**

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: **59-2872417** ☐ 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

WILEY, WILLIAM B
215 S MONROE ST #600
TALLAHASSEE FL 32301

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 [signature] 4-25-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P/D	MCFARLAIN, RICHARD C	215 SOUTH MONROE STREET, SUITE 600	TALLAHASSEE FL	☐ DELETE
VD	MCMULLEN, LINDA	215 SOUTH MONROE STREET, SUITE 600	TALLAHASSEE FL	☐ DELETE
STD	WILEY, WILLIAM B.	215 S. MONROE ST. #600	TALLAHASSEE FL	☐ DELETE
VD	CASSEDY, MARSHALL R.	215 S. MONROE ST. #600	TALLAHASSEE FL	☐ DELETE
VD	JONES, DOUGLAS P.	215 S. MONROE ST. #600	TALLAHASSEE FL	☐ DELETE
SD	STAMPELOS, CHARLES A.	215 S. MONROE ST. #600	TALLAHASSEE FL	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	VD	H Darrell White, Jr	215 South Monroe St #600	Tallahassee, FL	☐	☒
2	VD	Chris Barkas	215 S. Monroe St. #600	Tallahassee, FL	☐	☒
3					☐	☐
4					☐	☐
5					☐	☐
6					☐	☐

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)(k), 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: [signature] 4-25-96 904-222-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)