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 # **M87893** **(7)**

1. Corporation Name
V.L. MCINTYRE AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
RT. 1, BOX 721 FAIRBANKS FERRY ROAD TALLAHASSEE FL 32312	RT. 1, BOX 721 FAIRBANKS FERRY ROAD TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1988
3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-3014393 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MCINTYRE, VERA L.
RT. 1, BOX 721
FAIRBANKS FERRY ROAD
TALLAHASSEE FL 32333

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 (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCINTYRE, VERA L.	12 NAME	
STREET ADDRESS	ROUTE 1 BOX 721	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	HAYES, SHARICA D	22 NAME	
STREET ADDRESS	ROUTE 1 BOX 721	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	HAYES, KHALILAN Y	32 NAME	
STREET ADDRESS	ROUTE 1 BOX 721	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	HAYES, ANDREA P	42 NAME	
STREET ADDRESS	ROUTE 1 BOX 721	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HACKLEY, BERNICE	52 NAME	
STREET ADDRESS	ROUTE 2 BOX 484	53 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 exemptions 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: Vera L. McIntyre 6/6/95 (904) 893-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Vera L. McIntyre

0128400 FP