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

FILED
1995 MAY -1 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M93505 (9)

1. Corporation Name
GIVENS, DICKS AND SMITH, INC.

Principal Place of Business	Mailing Address
~~242 N. WESTMONTE DR~~ ~~ALTAMONTE SPRINGS FL 32714-3901~~	~~242 N. WESTMONTE DR~~ ~~ALTAMONTE SPRINGS FL 32714-3901~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1988
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business
21: 921 Douglas Ave
22: Suite, Apt. # etc.
23: Altamonte Springs, FL
24: 32714 25:

2a. Mailing Address
26: 921 Douglas Ave
27: Suite, Apt. # etc.
28: Altamonte Springs, FL
29: 32714 30:

4. FEI Number: 59-2938526 ☐ 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

~~BRINK, HOWARD~~
~~242 N. WESTMONTE~~
~~ALTAMONTE SPRINGS FL 32714~~

10. Name and Address of New Registered Agent

81 Name: Gregory A. Boyd
82 Street Address (P.O. Box Number is Not Acceptable): 921 Douglas Ave
83:
84 City: Altamonte Springs FL 85 Zip Code: 32714

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: Gregory A Boyd
(Signature, typed or printed name of Registered Agent, and title if applicable) (Date) (New Registered Agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	MONROE, MARK	12 NAME	
STREET ADDRESS	242 N. WESTMONTE DR	13 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BRINK, HOWARD	22 NAME	
STREET ADDRESS	242 N. WESTMONTE DR.	23 STREET ADDRESS	000001503550
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	24 CITY-ST-ZIP	-06/01/95--01074--014
TITLE	D	31 TITLE	*****208.75 *****208.75 ☐ Change ☐ Addition
NAME	GIVENS, CHARLES J.	32 NAME	
STREET ADDRESS	242 N. WESTMONTE DR	33 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	SHANE, HACKETT	42 NAME	
STREET ADDRESS	242 NORTH WESTMONTE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	44 CITY-ST-ZIP	
TITLE VP/S	GREGORY A BOYD	51 TITLE	☐ Change ☐ Addition
NAME	921 DOUGLAS AVE	52 NAME	
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32714	53 STREET ADDRESS	5/1/95 MSH
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (We) 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: Gregory A Boyd VICE PRESIDENT, Registered Agent 3/21/95 407 774-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0038674 CP