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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N93000002383 (8)**

1. Corporation Name

CPA SOLE PRACTITIONERS, INC.

Principal Place of Business	Mailing Address
107 JUNIPER ST NICEVILLE FL 32578	107 JUNIPER ST NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/24/1993	01/25/1994

4. FEI Number: 59-3183991 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAXON, K. WARD III 107 JUNIPER ST NICEVILLE FL 32578	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CLAYCOMB, FRANK R JR.	1.2 NAME	CLAYCOMB, FRANK R. JR.	
STREET ADDRESS	217-C HWY 98 SW	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HAYNES, JOHN R	2.2 NAME	HAYNES, JOHN R.	
STREET ADDRESS	90 BEAL PKWY SW SUITE E	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	WALLACE, JEANIE M	3.2 NAME	WALLACE, JEANIE M.	
STREET ADDRESS	108 BEACH PKWY S	3.3 STREET ADDRESS	108 BEAL PKWY. S.	
CITY-ST-ZIP	FT WALTON BEACH FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	PATRICK, ROBERT G	4.2 NAME	PATRICK, ROBERT G.	
STREET ADDRESS	737 HWY 98 E SUITE 2	4.3 STREET ADDRESS	623 HWY. 98 EAST, SUITE 7	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	DESTIN, FL	
TITLE	D	5.1 TITLE	V	☒ Change ☐ Addition
NAME	SAXON, K. WARD III	5.2 NAME	SAXON, K. WARD III	
STREET ADDRESS	107 JUNIPER ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	S	☐ Change ☒ Addition
NAME	PLEASE SEE ATTACHED	6.2 NAME	BEVERLY BORAH	
STREET ADDRESS	SECOND PAGE FOR OTHER	6.3 STREET ADDRESS	1234 AIRPORT ROAD, SUITE 104	
CITY-ST-ZIP	ADDITIONS.	6.4 CITY-ST-ZIP	DESTIN, FL	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/23/95 904-654-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT G. PATRICK

0078447