

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # N93000002630 (2)

1. Corporation Name

FLORIDA LONGEARS ASSOCIATION, INC.

95 MAY -1 PM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
5240 S.W. 7TH AVENUE OCALA FL 34474		5240 S.W. 7TH AVENUE OCALA FL 34474		3. Date Incorporated or Qualified 06/11/1993	3a. Date of Last Report 06/30/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0420557	Applied For Not Applicable
21 P. O. Box 1541 Suite, Apt. #, etc.		26 P.O. Box 1541 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22 City & State Bartow, FL		27 City & State Bartow, FL		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23 Zip 33830		28 Zip 33830		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
24 Country US		29 Country US		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											
BULLOCK, RANDY 5240 S.W. 7TH AVENUE OCALA FL 34474		<table border="1"> <tr> <td>81 Name</td> <td>Brian Garrett</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>455 S. CARPENTER AV</td> </tr> <tr> <td>83 City</td> <td>Bartow</td> </tr> <tr> <td>84 State</td> <td>FL</td> </tr> <tr> <td>85 Zip Code</td> <td>33830</td> </tr> </table>		81 Name	Brian Garrett	82 Street Address (P.O. Box Number is Not Acceptable)	455 S. CARPENTER AV	83 City	Bartow	84 State	FL	85 Zip Code	33830
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84 State	FL												
85 Zip Code	33830												

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: *Brian Garrett* (BRIAN GARRETT) 4-26-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (NEW)	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD BULLOCK, RANDY 5240 SW 7TH AVENUE OCALA FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	PD Garrett, Brian 455 S. CARPENTER AV BARTOW FL 33830
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD BULLOCK, DEBBIE 5240 SW 7TH AVENUE OCALA FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	STD Heroy, Herb 1481 Avalon Blvd. Casselberry, FL 32707
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	D SEFTON, GREG 1811 BRADBURY RD. WINTER HAVEN FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP		1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP		1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP		1. TITLE 2. NAME 3. STREET ADDRESS 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 111.071(3)(b), 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 by order of the court to file 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: *Brian Garrett* (BRIAN GARRETT) 4-26-95 813 489 2400