

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
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95 APR 14 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P08417 (8)
1. Corporation Name
GOODMAN SEGAR HOGAN OF ORLANDO, INC.

Principal Place of Business Mailing Address
WORLD TRADE CENTER, SUITE 900 NORFOLK VA 23510

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/16/1985	06/01/1994
22		27		4. FEI Number	Applied For
23		28		54-1345841	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, ROBERT M	1.2 NAME	
STREET ADDRESS	4141 FIRST COURT RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, SAMFORD M.	2.2 NAME	MARK P. MIKUTA
STREET ADDRESS	816 BISHOPSGATE LANE	2.3 STREET ADDRESS	900 WORLD TRADE CENTER
CITY-ST-ZIP	VIRGINIA BEACH VA	2.4 CITY-ST-ZIP	NORFOLK, VA
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEARNS, DEBORAH K.	3.2 NAME	ADIE, JULIE
STREET ADDRESS	900 WORLD TRADE CENTER	3.3 STREET ADDRESS	900 WORLD TRADE CENTER
CITY-ST-ZIP	NORFOLK VA	3.4 CITY-ST-ZIP	NORFOLK, VA
TITLE	AV	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRITTON, MARGARET	4.2 NAME	VY S. COTE, JOHN
STREET ADDRESS	511 KEMP LN.	4.3 STREET ADDRESS	900 WORLD TRADE CENTER
CITY-ST-ZIP	CHESAPEAKE VA	4.4 CITY-ST-ZIP	NORFOLK, VA
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWLING, FRANK H.	5.2 NAME	
STREET ADDRESS	135 HILLPOINT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON VA	5.4 CITY-ST-ZIP	
TITLE	PO	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLE, STEWART H.	6.2 NAME	
STREET ADDRESS	1380 EMORY PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	6.4 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 110.07(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 as an attachment with an address.

SIGNATURE: Mark Mikuta MARK MIKUTA, PRES 3/30/95 804.627.0661