**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 9:11

DOCUMENT # **P21536** **(8)**

1. Corporation Name

**COMPREHENSIVE FINANCIAL SERVICES, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 811 RITCHIE HIGHWAY<br>SUITE 25<br>SEVERNA PARK MD 21146 | 811 RITCHIE HIGHWAY<br>SUITE 25<br>SEVERNA PARK MD 21146 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1988
3a. Date of Last Report: 01/26/1994

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21: Atlanta, GA | 2a. Mailing Address 26: 3399 Peachtree Rd., N.E. | 4. FEI Number: 52-1454651 | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. 22: Suite 1000 | Suite, Apt. #, etc. 27: Suite 1000 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State 23: Atlanta, GA | City & State 28: Atlanta, GA | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip 24: 30326 / County 25: | Zip 29: 30326 / County 30: | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

9. Name and Address of Current Registered Agent

PETROSE, KENNETH
5603 EAGLE DRIVE
FT. PIERCE FL 34951

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.
83:
84 City: Plantation FL 85 Zip Code: 33324

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: Dale W. Morris — Dale W. Morris, Assistant Vice President — 5/18/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when mandatory) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PTD | 11 TITLE | T ☒ Change ☐ Addition |
| NAME | LOETZ, GORDON H. | 12 NAME | Millicent E. Counts |
| STREET ADDRESS | 116 RIVERBREEZE PL | 13 STREET ADDRESS | 3399 Peachtree Rd., N.E., Suite 1000 |
| CITY ST ZIP | ARNOLD MD | 14 CITY ST ZIP | Atlanta, GA 30326 |
| TITLE | VD | 21 TITLE | VP ☒ Change ☐ Addition |
| NAME | SPINDLE, MELVILLE F | 22 NAME | Don E. Gilbert |
| STREET ADDRESS | 210 MAPLE AVE | 23 STREET ADDRESS | 3399 Peachtree Rd., N.E., Suite 1000 |
| CITY ST ZIP | RIVA MD | 24 CITY ST ZIP | Atlanta, GA 30326 |
| TITLE | VD | 31 TITLE | VP ☒ Change ☐ Addition |
| NAME | MITCHELL, PHYLLIS R | 32 NAME | E. Paul Stewart |
| STREET ADDRESS | 2234 OCEAN PINES | 33 STREET ADDRESS | 3399 Peachtree Rd., N.E., Suite 1000 |
| CITY ST ZIP | BERLIN MD | 34 CITY ST ZIP | Atlanta, GA 30326 |
| TITLE | SD | 41 TITLE | VP ☒ Change ☐ Addition |
| NAME | COCHRAN, STEPHANIE A | 42 NAME | Stephanie Cochran |
| STREET ADDRESS | 1388 SUNWOOD TERR. | 43 STREET ADDRESS | 811 Ritchie Highway, Suite 25 |
| CITY ST ZIP | ANNAPOLIS MD | 44 CITY ST ZIP | Severna Park, MD 21146-4116 |
| TITLE | | 51 TITLE | SP ☒ Change ☐ Addition |
| NAME | | 52 NAME | Sandra A. Murray |
| STREET ADDRESS | | 53 STREET ADDRESS | 3399 Peachtree Rd., N.E. Suite 1000 |
| CITY ST ZIP | | 54 CITY ST ZIP | Atlanta, GA 30326 |
| TITLE | | 61 TITLE | S ☒ Change ☐ Addition |
| NAME | | 62 NAME | Ivan L. Killen |
| STREET ADDRESS | | 63 STREET ADDRESS | 3399 Peachtree Rd., N.E., Suite 1000 |
| CITY ST ZIP | | 64 CITY ST ZIP | Atlanta, GA 30326 |

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

**SIGNATURE:** [signature] — 5/15/95 — 4043441300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488739 FN

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**Continued List of Officer and Directors**
**of Comprehensive Financial Services, Inc.**

Director
Clive Slovin
3399 Peachtree Rd., N.E.
Suite 1000
Atlanta, GA 30326

Director
H. David Ledbetter
3399 Peachtree Rd., N.E.
Suite 1000
Atlanta, GA 30326