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

APPROVED AND FILED
'95 MAY -1 PM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32042 (4)

1. Corporation Name
POE & ASSOCIATES OF ILLINOIS, INC.

Principal Place of Business	Mailing Address
702 NORTH FRANKLIN STREET P.O. BOX 1348 TAMPA FL 33602	702 NORTH FRANKLIN STREET P.O. BOX 1348 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 401 E. Jackson Street
22 Suite, Apt. #, etc. Suite 1700
23 City & State Tampa FL
24 Zip 33602
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 36-3660351 ☐ 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

LENFESTEY, LAUREL J
702 NORTH FRANKLIN STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 401 E. Jackson Street, Suite 1700
83
84 City Tampa FL 85 Zip Code 33602

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 Laurel J. Lenfestey 3/30/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	JORDAN, V.C., JR.	1.2 NAME		
STREET ADDRESS	702 NORTH FRANKLIN ST	1.3 STREET ADDRESS	401 E. Jackson St., Suite 1700	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	2.1 TITLE	Chairman Director	☒ Change ☐ Addition
NAME	POE, WILLIAM, F., SR. DELETE	2.2 NAME	J. Hyatt Brown	
STREET ADDRESS	702 NORTH FRANKLIN ST	2.3 STREET ADDRESS	220 S. Ridgewood Avenue	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	AVP	3.1 TITLE		☒ Change ☐ Addition
NAME	REIMANN, KATHY	3.2 NAME		
STREET ADDRESS	702 N FRANKLIN ST	3.3 STREET ADDRESS	401 E. Jackson Street, Suite 1700	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	S	4.1 TITLE		☒ Change ☐ Addition
NAME	LENFESTEY, LAUREL	4.2 NAME		
STREET ADDRESS	702 N FRANKLIN ST	4.3 STREET ADDRESS	401 E. Jackson Street, Suite 1700	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	EVP	5.1 TITLE		☒ Change ☐ Addition
NAME	PIETRUSZKA, MITCH	5.2 NAME		
STREET ADDRESS	702 N FRANKLIN ST	5.3 STREET ADDRESS	401 E. Jackson Street, Suite 1700	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	T	6.1 TITLE		☒ Change ☐ Addition
NAME	YOUNG, TIMOTHY L	6.2 NAME		
STREET ADDRESS	702 N FRANKLIN ST	6.3 STREET ADDRESS	220 S. Ridgewood Avenue	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Daytona Beach, FL 32115	

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 Laurel J. Lenfestey Laurel J. Lenfestey 3/30/95 (813) 222-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0200710 CP