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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:44

DOCUMENT # P92000000059 (5)

1. Corporation Name

ADAMS, QUINTON & FULLER, P.A.

Principal Place of Business	Mailing Address
CAMINO REAL CENTRE 7300 WEST CAMINO REAL BOCA RATON FL 33433 US	CAMINO REAL CENTRE 7300 WEST CAMINO REAL BOCA RATON FL 33433 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

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

3. Date Incorporated or Qualified: 10/27/1992

3a. Date of Last Report: 02/01/1994

4. FEI Number: 65-0364307 — ☐ 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

ADAMS, JAMES D
CAMINO REAL CENTRE, SUITE 224
7300 WEST CAMINO REAL
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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 ______ 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	D	1.1 TITLE	VSD — XX Change ☐ Addition
NAME	QUINTON, EDWARD A	1.2 NAME	QUINTON, A. EDWARD
STREET ADDRESS	186 S.W. 13TH ST.	1.3 STREET ADDRESS	186 S.W. 13TH STREET
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33130
TITLE	D	2.1 TITLE	XX Change ☐ Addition
NAME	QUINTON, A E DWA	2.2 NAME	DELETE DUPLICATE
STREET ADDRESS	80 SW 8TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	TD — XX Change ☐ Addition
NAME	FULLER, LOULA M	3.2 NAME	FULLER, LOULA M.
STREET ADDRESS	1353 E. LAFAYETTE ST.	3.3 STREET ADDRESS	402-A N. OFFICE PLAZA DRIVE
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE		4.1 TITLE	PD — ☐ Change XX Addition
NAME		4.2 NAME	ADAMS, JAMES D.
STREET ADDRESS		4.3 STREET ADDRESS	7300 W. CAMINO REAL, STE. 224
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. [illegible]

SIGNATURE: Loula M. Fuller — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/18/95 Date — 904-878-7415 Daytime Phone #

0437413 FP