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 MAR -7 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001447 (0)

1. Corporation Name
FLORIDA PROFESSIONAL REALTY & INVESTMENTS, INC.

Principal Place of Business	Mailing Address
7714 INDIAN RIDGE TRAIL S KISSIMMEE FL 34747	7714 INDIAN RIDGE TRAIL S KISSIMMEE FL 34747

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21 304 WEST OAK STREET
22 Suite, Apt. #, etc.
23 City & State: KISSIMMEE FLORIDA
24 Zip: 34741
25 Country:

2a. Mailing Address
26 304 WEST OAK STREET
27 Suite, Apt. #, etc.
28 City & State: KISSIMMEE FLORIDA
29 Zip: 34741
30 Country:

4. FEI Number: 59-3161332 ☐ 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

MCGALLIARD, PATSY J
7714 INDIAN RIDGE TRAIL S
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 304 WEST OAK STREET
83 KISSIMMEE FL 34741
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: Patsy J. McGalliard 3/3/95
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	P	1.1 TITLE	☒ Change ☐ Addition
NAME	MCGALLIARD, PATSY J	1.2 NAME	
STREET ADDRESS	7714 INDIAN RIDGE TRAIL S.	1.3 STREET ADDRESS	304 WEST OAK STREET
CITY-ST-ZIP	KISSIMMEE FL 34747	1.4 CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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. 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)(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 above, or on an attachment with an address.

SIGNATURE: Patsy J. McGalliard 3/3/95 407-935-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376030 CP