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 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000039503 (6)**

1. Corporation Name
THE TRUST LAW CENTER AN ESTATE PLANNING LAW FIRM PA

Principal Place of Business	Mailing Address
222 W. COMSTOCK AVE. STE - 111 WINTER PARK FL 32789 US	222 W. COMSTOCK AVE. STE - 111 WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/27/1993**
3a. Date of Last Report: **05/17/1994**

2. Principal Place of Business	2a. Mailing Address
21 144 MAITLAND AVE	26 144 MAITLAND AVE
Suite, Apt. #, etc. 22 A	Suite, Apt. #, etc. 27 A
City & State 23 ALTAMONTE SPRINGS FL	City & State 28 ALTAMONTE SPRINGS FL
Zip 24 32701 Country 25 US	Zip 29 32701 Country 30 US

4. FEI Number: **59-3194050** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLOOD, KEVIN P **222 W. COMSTOCK AVE.** **STE - 111** **WINTER PARK FL 32789**	81 Name: KEVIN P FLOOD 82 Street Address (P.O. Box Number is Not Acceptable): 144 A MAITLAND AVE 83 84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32701

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 _____ 4/26/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FLOOD, KEVIN P	1.2 NAME	
STREET ADDRESS	144A MAITLAND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	
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)(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: _____ 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date (Telephone Number)

0044881 CP