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 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042056 (0)**

1. Corporation Name
LYONS AND ASSOCIATES OF VOLUSIA COUNTY INC.

Principal Place of Business	Mailing Address
105 WEST WISCONSIN AVE. DELAND FL 32720	105 WEST WISCONSIN AVE. DELAND FL 32720

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/08/1993**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business
21 105 W. Wisconsin Ave.
Suite, Apt. #, etc.
22 Suite 210
City & State
23 Deland, FL
Zip 24 32720 Country 25 Volusia

2a. Mailing Address
26 P.O. Box 3455
Suite, Apt. #, etc.
27
City & State
28 Deland, FL.
Zip 29 32723 Country 30 U.S.A.

4. FEI Number: **59-3187428** ☐ 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

~~LYONS, JEFFREY K~~
~~401 WHOOPING LOOP~~
~~SUITE 1537~~
~~ALTAMONTE SPRINGS FL 32701~~
1177 Louisana Ave ste 110
Winter Park, FL.
32789

10. Name and Address of New Registered Agent

81 Name: William A. Humphries
82 Street Address (P.O. Box Number is Not Acceptable): 105 W. Wisconsin Avenue
83
84 City: Deland FL 85 Zip Code: 32720

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: William A. Humphries DATE: 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTV	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	LYONS, JEFFREY K	1.2 NAME	William A. Humphries	
STREET ADDRESS	~~401 WHOOPING LOOP, SUITE 1537~~ 1177 Louisana Ave ste 110	1.3 STREET ADDRESS	105 W. Wisconsin Avenue	
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL 32701~~ Winter park FL 32789	1.4 CITY-ST-ZIP	Deland, FL. 32720	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LYONS, JEFFREY K	2.2 NAME		
STREET ADDRESS	~~401 WHOOPING LOOP, SUITE 1537~~ → same	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL 32701~~	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: William A. Humphries Vice President 4/26/95 904 734-7022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034478 CR