**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 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046430 (3)

1. Corporation Name
DOWLING INVESTIGATIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 121 N OSCEOLA AVE<br>SUITE 204<br>CLEARWATER FL 34615 | P.O. BOX 22<br>CLEARWATER FL 34617 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1993
3a. Date of Last Report: 05/27/1994

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 300 S. Duncan Ave. | 2a. Mailing Address<br>26 | 4. FEI Number<br>59-3187752 | ☐ Applied For<br>☐ Not Applicable |
| Suite, Apt. #, etc.<br>22 Suite 291 | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State<br>23 Clearwater, FL. | City & State<br>28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip<br>24 34615 / Country<br>25 Pinellas | Zip<br>29 / Country<br>30 | 8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No | |

9. Name and Address of Current Registered Agent

SCHOLTZ, DEBBORAH S
121 N OSCEOLA AVE
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable) 300 S. Duncan Ave., Suite 291
03 ~~Clearwater, Fl.~~
04 City Clearwater FL 05 Zip Code 34615

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 X Deborah S. Scholtz Deborah S. Scholtz 4/24/95
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 | PTS | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | DOWLING III, ERNEST J | 1.2 NAME | |
| STREET ADDRESS | 121 N. OSCEOLA AVE., SUITE 204 | 1.3 STREET ADDRESS | 300 S. Duncan Ave., Suite 291 |
| CITY-ST-ZIP | CLEARWATER FL 34615 | 1.4 CITY-ST-ZIP | Clearwater, FL. 34615 |
| 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 if changed, or on an attachment with an address.

SIGNATURE: Ernest J. Dowling III. Ernest J. Dowling III 4/24/95 (813) 461-0470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0449700 FP