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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:04

DOCUMENT # P93000048261 (0)

1. Corporation Name

PARKER, GOODWIN, MCGUIRE, BURKE, LANDERMAN & DAB OLD, P.A.

Principal Place of Business	Mailing Address
108 E HILLCREST ST ~~SUITE 515~~ ORLANDO FL 32801 US	PO BOX 2867 ~~SUITE 515~~ ORLANDO FL 32802 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 108 E Hillcrest St	2a. Mailing Address: 26 Po Box 2867
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando Fl	City & State 28 Orlando Fl
Zip 24 32801 Country 25	Zip 29 32802 Country 30

3. Date Incorporated or Qualified: 07/01/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3189211 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FINKBEINER, FRANK G
105 EAST ROBINSON ST.
SUITE 515
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: E Clay Parker
82 Street Address (P.O. Box Number is Not Acceptable): 108 E Hillcrest St
83
84 City: Orlando FL 85 Zip Code: 32801

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: E. C. Parker Pres — DATE: 1-26-95

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	PARKER, E C	1 2 NAME	
STREET ADDRESS	108 E. HILLCREST ST.	1 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	BURKE, PAMELA	2 2 NAME	
STREET ADDRESS	108 E. HILLCREST ST.	2 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	GOODWIN, DAVID	3 2 NAME	
STREET ADDRESS	108 E. HILLCREST ST.	3 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	PARKER, H C	4 2 NAME	
STREET ADDRESS	108 E. HILLCREST ST.	4 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, JOSEPH	5 2 NAME	
STREET ADDRESS	108 E. HILLCREST ST.	5 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	5 4 CITY-ST-ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	DABOLD, MARK C	6 2 NAME	
STREET ADDRESS	108 E. HILLCREST ST.	6 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	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: E. C. Parker — 1-26-95 — (407) 425-4910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0417278 FP