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 APR 14 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000051369 (5)**

1. Corporation Name
RETIREMENT PLANNERS, INC.

Principal Place of Business	Mailing Address
201 E. PINE STREET SUITE 850 ORLANDO FL 32801	201 E. PINE STREET SUITE 850 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/16/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 501 E. OAK ST	26 501 E. OAK ST
Suite, Apt. #, etc. 22 STE F	Suite, Apt. #, etc. 27 STE F
City & State 23 KISSIMMEE	City & State 28 KISSIMMEE
Zip / Country 24 FL 25 USA	Zip / Country 29 34744 30 USA

4. FEI Number: 59-3216928 ☐ 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

HODGES, DONALD D
201 E. PINE STREET
SUITE 850
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: AUSTIN D. NORMAN
82 Street Address (P.O. box number is Not Acceptable): 501 E. OAK ST. STE F
83: STE F
84 City: KISSIMMEE FL 85 Zip Code: 34744

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: Austin D. Norman — 4/11/95
Signature of, and 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	11 TITLE	P	☒ Change ☐ Addition
NAME	HODGES, DONALD D	12 NAME		
STREET ADDRESS	2417 ALBION AVE	13 STREET ADDRESS	Austin D. Norman	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	501 East Oak Suite F Kissimmee, Fl. 34744	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	CONLEY, DAVID	22 NAME		
STREET ADDRESS	2205 POLO CLUB DR 203	23 STREET ADDRESS	CONLEY, DAVID	
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	2209 POLO CLUB DR # 304 KISSIMMEE FL 34741	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, PATRICIA	32 NAME		
STREET ADDRESS	1420 BEECHWOOD DR	33 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Austin D. Norman — 4/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

0663400 CP