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 APR 11 PM 3:44

DOCUMENT # **P93000058509 (9)**

1. Corporation Name
MWP BROKER AND CONSULTING SERVICE, INC.

Principal Place of Business
859 PARK AVE.
SUITE 104
ORANGE PARK FL 32073

Mailing Address
859 PARK AVE.
SUITE 104
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business
21 1586 Royal Fern Lane
22 Suite, Apt. #, etc. N/A
23 City & State: Orange Park, Fla.
24 Zip: 32073
25 Country: USA

2a. Mailing Address
26 1586 Royal Fern Lane
27 Suite, Apt. #, etc. N/A
28 City & State: Orange Park, Fla.
29 Zip: 32073
30 Country: USA

4. FEI Number: ~~APPLIED FOR~~ EIN 593-2281511 — 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
GRANT, WILLIAM H III
859 PARK AVE.
SUITE 104
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	☐ Change ☐ Addition
NAME	PHEBUS, MEHRL W	12 NAME	
STREET ADDRESS	1586 ROYAL FERN LANE	13 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PHEBUS, CHARLOTTE E	22 NAME	
STREET ADDRESS	1586 ROYAL FERN LANE	23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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 above or on an attachment with an addition.

SIGNATURE: 4-5-95 904 278 1887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mehrl W. Phebus Director (904) 278-1887

0004166 CP