FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000060292 (8)**

1. Corporation Name

NEIL G. PAULSON, P.A.

Principal Place of Business	Mailing Address
~~47 E ROBINSON ST~~ ~~SUITE 201~~ ORLANDO FL 32801 390 N. Orange Suite 1830 Orl FL 32801	~~47 E ROBINSON ST~~ ~~SUITE 201~~ ORLANDO FL 32801 390 N. Orange Suite 1830 Orl FL 32801

3. Date Incorporated or Qualified: 08/25/1993
3a. Date of Last Report: 06/09/1995

2. Principal Place of Business
21: 390 N. Orange Ave
22 Suite, Apt. #, etc.: Suite 1830
23 City & State: Orl FL
24 Zip: 32801
25 Country: USA

2a. Mailing Address
26: 390 N. Orange Ave
27 Suite, Apt. #, etc.: Suite 1830
28 City & State: Orl FL
29 Zip: 32801
30 Country: USA

4. FEI Number: 59-3197150 ☐ 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

PAULSON, NEIL G SR
~~47 E ROBINSON ST~~
~~SUITE 201~~
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: NEIL PAULSON, SR
82 Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Ave, Suite 1830
83
84 City: Orlando **FL** 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0202 and 607.1506, 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: Neil G. Paulson, Sr. DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	PAULSON, NEIL G. S	
STREET ADDRESS	~~47 E. ROBINSON, STUIE 201~~	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	P	☒ Change ☐ Addition
12 NAME	PAULSON, NEIL G, SR.	
13 STREET ADDRESS	390 N. Orange Ave, 1830	
14 CITY-ST-ZIP	Orlando FL 32801	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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: Neil G Paulson 2-1-96 407 425-3639

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