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 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087450 (1)

1. Corporation Name
AVERETT, WARMUS, DURKEE, BAUDER & DAYHOFF, P.A.

Principal Place of Business	Mailing Address
201 EAST PINE STREET SUITE 550 ORLANDO FL 32801	201 EAST PINE STREET SUITE 550 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1993
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-3214308 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AVERETT, MARION W
201 EAST PINE STREET
SUITE 550
ORLANDO FL 32801

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/T	☐ Change ☒ Addition
NAME	AVERETT, MARION W	12 NAME		
STREET ADDRESS	4030 LURAY DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	V	☐ Change ☒ Addition
NAME	WARMUS, JAMES W	22 NAME		
STREET ADDRESS	5342 GREENSIDE COURT	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	V	☐ Change ☒ Addition
NAME	DURKEE, THOMAS V	32 NAME		
STREET ADDRESS	609 WORTHINGTON DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	V	☐ Change ☒ Addition
NAME	BAUDER, BRUCE J	42 NAME		
STREET ADDRESS	202 GREEN LAKE CIRCLE	43 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	V	☐ Change ☒ Addition
NAME	DAYHOFF, MICHAEL R	52 NAME		
STREET ADDRESS	300 OAK ESTATE DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	S	☐ Change ☒ Addition
NAME	THOMPSON, PERRY R	62 NAME		
STREET ADDRESS	670 LENMORE COURT	63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812	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)(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: Marion W Averett 4-10-95 (407)849-1569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARION W. AVERETT

0083760 CP