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 26 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000088638 (0)**

1. Corporation Name
MICHAEL DAEHN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
220 34TH AVE. NORTH ST PETERSBURG FL 33704	220 34TH AVE. NORTH ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1993
3a. Date of Last Report: 05/01/1994

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: 59-3126167 ☐ 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

NULL, SHIRLEY
4502 S MANHATTAN AVE
SUITE 264
TAMPA FL 33611

10. Name and Address of New Registered Agent

01 Name: NULL, SUZANNE
02 Street Address (P.O. Box Number is Not Acceptable): 4502 S. MANHATTAN AVE
03:
04 City: TAMPA FL 05 Zip Code: 33611

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] 2/13/95
(Signature, typed or 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	D	1.1 TITLE	PRESIDENT / TREASURER	☒ Change ☐ Addition
NAME	DAEHN, MICHAEL	1.2 NAME	MICHAEL DAEHN	
STREET ADDRESS	4655 BAYSHORE BLVD NE	1.3 STREET ADDRESS	4655 BAYSHORE BLVD NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE		2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		2.2 NAME	PAUL HALE	
STREET ADDRESS		2.3 STREET ADDRESS	659 PEACHTREE ST. PH2	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ATLANTA, GA 30308	
TITLE		3.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME		3.2 NAME	MARILYN DAEHN	
STREET ADDRESS		3.3 STREET ADDRESS	220 34TH AVE N	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33704	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: [signature] PRESIDENT 800-875-5586
SIGNATURE AND TITLE OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000750 CP