ANNUAL REPORT
1995

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000000338 (1)

1. Corporation Name
D.W. FLYNN & ASSOCIATES, PA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4349 WORTHINGTON CI. PALM HARBOR FL 34685	4349 WORTHINGTON CI. PALM HARBOR FL 34685

3. Date Incorporated or Qualified: 12/23/1993
3a. Date of Last Report: 11/10/1994

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: 59-3218135 ☐ 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

FLYNN, DONALD W
3054 EAGLES LANDING CIRCLE
CLEARWATER FL

10. Name and Address of New Registered Agent

81 Name: FLYNN, Donald W
82 Street Address (P.O. Box Number is Not Acceptable): 4349 Worthington Cir
83:
84 City: Palm Harbor FL 85 Zip Code: 34685

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	1.1 TITLE	P, D	☒ Change ☐ Addition
NAME	FLYNN, DONALD W	1.2 NAME	FLYNN, DONALD W	
STREET ADDRESS	4349 WORTHINGTON CI	1.3 STREET ADDRESS	4349 WORTHINGTON CI.	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE		2.1 TITLE	V	☐ Change ☒ Addition
NAME		2.2 NAME	DANIEL E. FLYNN	
STREET ADDRESS		2.3 STREET ADDRESS	4349 WORTHINGTON CI.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Harbor, F 34685	
TITLE		3.1 TITLE	S, T	☐ Change ☒ Addition
NAME		3.2 NAME	FLYNN, MARY A	
STREET ADDRESS		3.3 STREET ADDRESS	4349 WORTHINGTON CI	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
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: D W Flynn 4-18-95 813-781-0898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073763 CP