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 FEB 21 AM 9:40

DOCUMENT # P94000006285 (8)

1. Corporation Name
BRINKMAN & WOLFE, P.A.

Principal Place of Business
3936 TAMIAMI TRAIL NORTH
SUITE B
NAPLES FL 33940

Mailing Address
3936 TAMIAMI TRAIL NORTH
SUITE B
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 500 Fifth Ave. South	26 500 Fifth Ave. South
Suite, Apt. #, etc. 22 Suite 509	Suite, Apt. #, etc. 27 Suite 509
City & State 23 Naples, Florida	City & State 28 Naples, Florida
Zip 24 33940 / Country 25 U.S.A.	Zip 29 33940 / Country 30 U.S.A.

4. FEI Number: 65-0462691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] $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 [X] Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFE, DAVID L.
3936 TAMIAMI TRAIL NORTH, SUITE B
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 500 Fifth Avenue South, Suite 509
83
84 City: Naples, FL 85 Zip Code: 33940

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D, P [X] Change ☐ Addition
NAME	BRINKMAN, LINDA C	12 NAME	BRINKMAN, LINDA C.
STREET ADDRESS	3936 TAMIAMI TRAIL, N, SUITE B	13 STREET ADDRESS	500 Fifth Ave. South, Ste. 509
CITY-ST-ZIP	NAPLES FL 33940	14 CITY-ST-ZIP	Naples, FL 33940
TITLE	D	21 TITLE	D,V [X] Change ☐ Addition
NAME	WOLFE, DAVID L	22 NAME	WOLFE, DAVID L.
STREET ADDRESS	3936 TAMIAMI TRAIL, N, SUITE B	23 STREET ADDRESS	500 Fifth Ave. South, Ste. 509
CITY-ST-ZIP	NAPLES FL 33940	24 CITY-ST-ZIP	Naples, FL 33940
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 does not qualify for the exemption stated in Section 119.07(1)(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: Linda C. Brinkman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Linda C. Brinkman, President

February 17, 1995 Date
813/262-0528 Daytime Phone #

0320002 CC