SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 11 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010931 (1)**

1. Corporation Name
ESTATE PLANNING FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~510 OLIVER AVE.~~ ~~ALTAMONTE SPRINGS FL 32701~~ 151 S. Mary Esther Blvd Suite 304 Mary Esther, FL 32569	510 OLIVER AVE. ALTAMONTE SPRINGS FL 32701 1516 Mary Esther Blvd Suite 304 Mary Esther, FL 32569

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/27/1994
3a. Date of Last Report: 1/27/94

2. Principal Place of Business	2a. Mailing Address
21 151 S. Mary Esther Blvd	26 151 S. Mary Esther Blvd
Suite, Apt. #, etc. 22 Suite 304	Suite, Apt. #, etc. 27 Suite 304
City & State 23 Mary Esther, FL	City & State 28 Mary Esther, FL
Zip 24 32569 Country 25 U.S.	Zip 29 32569 Country 30 U.S.

4. FEI Number: 416-84-0549 ☐ 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

FISHER, DEBORAH S
510 OLIVER AVE.
ALTAMONTE SPRINGS FL 32701

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: Deborah S Fisher — 6/28/95
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 / D	☐ Change ☒ Addition
NAME	FISHER, DEBORAH S	1.2 NAME	Charles W. Fisher	
STREET ADDRESS	510 OLIVER AVE.	1.3 STREET ADDRESS	~~510 Oliver Ave.~~ 295 Briarwood Cir.,	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	~~Longwood, FL 32701~~ Fort Walton Bch	
TITLE	Charles W. Fisher President	2.1 TITLE	Vice President, D	☐ Change ☒ Addition
NAME		2.2 NAME	Harry A. Ensey	
STREET ADDRESS	295 Briarwood Cir	2.3 STREET ADDRESS	477 Homer Ave.	
CITY-ST-ZIP	Fort Walton Bch, FL 32548	2.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	~~Hand~~ A. Vice Pres.	3.1 TITLE	Secretary D	☒ Change ☐ Addition
NAME	Harry A. Ensey	3.2 NAME	Deborah S. Fisher	
STREET ADDRESS	477 Homer Ave.	3.3 STREET ADDRESS	510 Oliver Ave.	
CITY-ST-ZIP	Longwood FL 327	3.4 CITY-ST-ZIP	Altamonte Spgs, FL 32701	
TITLE		4.1 TITLE	James M. Smith, Vice President	☐ Change ☒ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	1225 Roxboro Rd	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Longwood, FL 32750	
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: Deborah S Fisher — 6/27/95 — (407) 831-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0000073 CF