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 MAY -1 AM 9: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014172 (8)

1. Corporation Name
FULLER, SWINDLE & HOLSONBACK, P.A.

Principal Place of Business
4611 ACKERLY WAY
BRANDON FL 33511

Mailing Address
4611 ACKERLY WAY
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 100 N. Tampa Street
Suite, Apt. #, etc.
22 Suite 2650
City & State
23 Tampa, FL
Zip
24 33602
Country
25 Hillsboroug

2a. Mailing Address
26 100 N. Tampa Street
Suite, Apt. #, etc.
27 Suite 2650
City & State
28 Tampa, FL
Zip
29 33602
Country
30 Hillsborough

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report: n/a
4. FEI Number: 59-3227027 ☐ 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
FULLER, JEFFERY M
4611 ACKERLY WAY
BRANDON FL 33511

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 100 N. Tampa Street, Suite 2650
83
84 City Tampa FL 85 Zip Code 33602

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

TITLE	D
NAME	FULLER, JEFFERY M
STREET ADDRESS	4611 ACKERLY WAY
CITY-ST-ZIP	BRANDON FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Director	☐ Change ☒ Addition
2.2 NAME	John P. Holsonback	
2.3 STREET ADDRESS	2414 Oak Landing Drive	
2.4 CITY-ST-ZIP	Brandon, FL 33511	
3.1 TITLE	Director	☐ Change ☒ Addition
3.2 NAME	William R. Swindle	
3.3 STREET ADDRESS	4519 Azeele Street	
3.4 CITY-ST-ZIP	Tampa, FL 33609	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	$175/18	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jeffery M. Fuller, Director

4/25/95 Date

(813) 229-9119 Daytime Phone #

0280171 CP